2411 N. Charles St., Baltimore

95 C

04137

. CERTIFICAT	E OF DEATH Reg. Dist. No. 223-
1. PLACE OF DEATH: County Montgomery City or town. Takloma Park (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Wachington Janiarium and Hospital How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State District of Clumbia. County City or town. (If outside try or town limits, write RURAL and give nearest town) Street No. 1619 R Street N. W. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME MARY EMMA PNSTADT 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
7. Sex S. Color or race S.(a) Single, married, widowed, or divorced Temple White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 5-29- 1947 at 8 5 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wite 7. Birth date of deceased (mo., day, yr.) November 6, 1866 8. AGE: Years Months Days If less than one day 8. Birthplace Selena Grove Pennsylvania 10. Usual occupation Government Clerk (retired) 11. Industry or business U.S. Government 12. Name Peter And Apol Apol 13. Birthplace Germany 14. Maiden name Elizabeth Benson 15. Birthplace Baltimore, Maryland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-26. 19.4.7. to 5-29-19.4.7. and that I last saw h. 22. alive on 5-29-19.4.7. Immediate cause of death TERRIFICAL PREUMONIA OURATION Oue to Cardiac In Sufficiency 95 Due to Old age Other conditions Arterio Scienosis (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Washington Jan. 7 Hospital Records Address Takoma Park, Mary MND	Autopsy results
Bate thereof (month) (day) (year) Cemetery or crematory (continued of the continued of the	Accident, suicide, or homicide
19. Date rec'd by registrar) 19. 4.7 Street M. W. Brashapidan & C. 19. (Date rec'd by registrar) 19. 4.7 Supply Registrar	23. SIGNATURE M. D. or other Address 28 Carroll Que, Takona Pack, Date signed 5-29-47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PUEASE WRITE A15



PLEASE

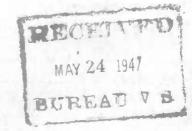
(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MONTADMET G	State Mary and county Montgomery
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8207 Cteorgia Sue
ounurban Hospirai	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John R. Appleton	
4. Sex 5. Color of race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
make white married	20. DATE DE DEATH. 200 18 18 474 at 3 40 M
7156116	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	Heri 30/1947 10 10 May 18 10 117
7. Birth date of	and that I last saw h. 19
deceased (mo., day, yr.) Mar - 7, 1877.	Immediate cause of death DURATION
8. AGE: Years Months Days Afless than one day	Lobar Principaria 3 days
70 9 1hrs.	
Fort Madison, Low	Q Due to
9. Birthplace (Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business Retired	
# 12 Name Cteorge Appleton	Other conditions Heart Jailune with decomply alon about 6ml
12. Name TEOVAE APAIETON 13. Birthplace	
# 14. Maiden name YA GA GANCT HONNISO	(Include pregnancy within 3 months of death)
14. Maiden name YA ON GANCT Han 50	Major findings of operations
15. Birthplace	Date of op.
16. Informant IVI DEC ZOCH SONI COL	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address Sauce	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Dato thereof May 21, 194	Boto of
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	
Cemetery or crematory	Where did Injury Occur?(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ashard Stall Stall	Means of Injury Injured at work?
1000	8 1
Address 234 Carraty St. M. W. Mona alk C	23. SIGNATURE M. D. or other
19. 5/19 19 47 Mm 6 Johns	Address Subur bab Hosp. Date signed 5/19/47
(Date rec'd by registrar) Registr	LOT 11 Address With This I have signed with the signed with th



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			V	Reg. Dist. 140	
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED:	
County 1/1001	gomery			(For newborn infants give residence of mother)	2011
City or town Q 1	rey, m	arylan	CURAL and give nearest town)	State Mary land county Mantgome	
2				City or town	est town)
How long in above pla	or street address where	death occurret			200 201127
The Mon	tgomery (Pourty	Deneval Hospi	Siget No(If rural, give LOCATION)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	or institution?	/		2.(a) If veteran, name war.	44.000.000.000.0000.0000000000000000000

3. (a) FULL NA	M E.			3. (b) Social Security N	umber
	5. Color or race	i C (a) Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
4. Sex	5. Color of face				
Male	leal	1 5	ingle	20. DATE OF DEATH May 20 19 47	21 7:15 PM
				21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from
8,(č) Name of husbar	nd or wife			May 19 1847 10 May 2	0 19.47
7. Birth date of		6.(c) If alive, give ageyea	and that I last saw h.t. m. alive on May 20	19 * 7
deceased (mo., da)		19,19	947	Immediate cause of death	DURATION
8. AGE: Yes	ars Months	Days	If less than one day		
			hrsmir	Prematurity	5 mts.
6	lace M	au Las	many Co manulas		
9. Birthplace	(Town	, county and	nery Co, Mary la!	-Due 10	***************************************
11	n 2nxa	/	/		*******************
11. Industry or busin				Duo to	.,
		Thomas	Bacon.		*****************************
	_			Other conditions	000000000000000000000000000000000000000
	Olvey.		yland.	(Include pregnancy within 8 months of death)	
14. Malden nam	ne Mary El	izabet	h Powell	Major findings of operations.	
14. Maiden nam	Ddis4	6/ 1	ry land.	Date of op.	
	1	rea	7.1.		_
16. Informant	tospital		2.K.D.3	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.
Address	Λ			22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Bure	ed	Date the	reol (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremati	ion, or removal. Which	R	(month) (day) (year) /		
Cemetary or crem	natory Dan	4	ring	Where did injury occur?	(State)
Location	Dand	in Di	suns mil	Injured at home, farm, Industry, public place (where?)	10 00 000 000 000 000 000 000 000 000 0
	Palest	- Z	2,500	Maens of Injury Injured at work?	
18. Funeral director	O	00	- war		
Address	Inch	recle	, me	TO SIGNATURE AND 2	
mar	71 117	Mo:	tudia Lando	23. SIGNATURE	/ /
19. May	2/ 1947		Registre	Address Sandy Spring, Md Rate slaned.	5/20/47

PLEASE WRITH PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis, especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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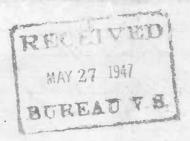


DURATION

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single-Married, widowed, or divorced. Single 6,(b) Name of husband or wife 6.(c) If alive, give age	and that I last saw h
8. AGE: Years months Days It less than one day	Immediate cause of death Out to the state of death Out to the state of death Durant out to the state of death out to the st
12. Name	Other conditions
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

PLEASE



information carefully. The of death clearly and legibly

6/10/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55e 03

04140

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Montgomery Bethesda (rural)		•••••	State D. C. County			
If outside sity or town limits, write RIRAL and give nearest town		URAL and give nearest town)				
Now long in above place	ot death? 2yrs	,5mos,	9days	City or town Washington (If outside city or town limits, write RURAL and give ne	arest town)	
Hospital, Institution, or	street address where d	eath occurred		Street to 514 15th Stree t, Southeast		
U. S. Nava	l Hospital	, Beth	esda, Md.	(If rural, give LOCATION)		
How long in hospital or	Institution? 2yrs	,5mos,	9days	(If rural, give LOCATION) 2.(a) It veteran, name war WW I & WW II		
3. (a) FULL NAME				3. (b) Social Security	Number	
BAR	BERA, Ferd					
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white		married	20, DATE DF DEATH		
6.(b) Name of husband	Mary H	. Barb	era	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
6.(0) name of nussand	or wits			20 December 19 44 10 29 May		
7. Birth date of	, 1 Septe	mhor 7	e) If alivs, give ageyears	and that I last sew h im alive on 29 May	19.47	
deceased (mo., day, ye	T sebre			Immediate cause of death	OURATION	
8. AGE: Years	Months		If less than one day	Myeloma, Multiple	2½ yrs.	
56	8	28	hrsmln.		***	
9. Birthplace	Italy			Due to		
	(Town, o	county, and a	tate)			
1D. Usual occupation. U. S. Navy				Due to	*** ***********************************	
11. Industry or business						
質 12. Name Ant	hony Barbe	ra		Other conditions	** ************************************	
12. NameAnt	Italy/dec.					
E	Rose Nata	lia		(Include pregnancy within 3 months of death)		
E 14. Maiden name	, , ,	٠٠٠٠٠٠٠٠٠		Major findings af aperations.		
14. Malden name 15. Birthplace	Italy/dec.					
16. Informant. Wif	e: Mrs. M	ary H.	Barbera	Antopsy results		
Address 514 1	5th St.m S	E. Was	hington, D. C.		statisticany.	
Purial			6-2-1.7	22. VIOLENCE: It death was due to external causes, till in the following:		
17. Burial (Burial, cremation,	or removal, Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator	Arlington	Natio	nal Cemetery	Where did injury occur?	(State)	
	ngton, Vir			Injured at home, tarm, Industry, public place (where?)		
				Means of Injury Injured at work?		
19. Funeral director	w. w. onan	isers,	co. gwt.			
Address 517 1	1th St. SE	, Was	ihe, D. C. 1	23. SIGNATURE T.M. FOLEY JR7, COR MC USN		
£ 20	1.7	many	handotto mith	23. SIGNATURE M. D	or over 1.7	
19. (Date rec'd by reg	19.4/	mary C	Charlotte Smith	Address USNII, Bethesda, Md. Date signed	,-4,	

JUN 17 1947 STREAU V B

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

04141

216

1. PLACE OF DEATH: county Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Cify or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	State
(If outside city or town limita, write RURAL and give nearest town)	City or town. Alexander (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 days. Hospital, institution, or street address where death occurred:	(11 oddoted ord) or positive state of the st
US Naval Hospital, Bethesda, Md.	Streef No. 3916 Bruce St., Alexander, Va.
	(If rural, give LOCATION)
How long In hospital or institution? 18 days	2.(a) If veteran, name war. 2ndW
3. (a) FULL NAME BARTHOLOW, Donald Kenneth	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	
	20. DATE OF DEATH 23 May 19.47 at 7:24A
B.(b) Name of husband or wife Elizabeth Bartholow	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5 May 19 47 to 23 May 19 47
7. Dirth date of	and that I last saw him. alive on
	Immediate cause ol death
o. non	Chronic Leukemia
33 7 22hrsmln.	Myelogenous
a Riefiniaca Towa	Due to.
9. Birfhplace	
10. Usual occupation unemployed	Due to.
11. Industry or business	Due 10
E 12. Name BARTHOLOW, Ira	Diher conditions
F	
The straighted	(Include pregnancy within 3 months of death)
H 14. Malden name PAULMER, Rote Leladausow	Major findings of operations.
14. Malden name PAULMER, Rota Labausanu 15. Birthplace Iowa	Major indings of operations
16. Informant Wife: Mrs. Elizabeth Bartholow	Antonsy results. Confirmed above
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3916 Bruce St., Alexander, Va.	
17. burial Date thereof 5-23-17 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If deafh was due to external causes, fill in the following:
17. burial Date thereof 5-23-117 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Ottumwa Cemetery	Where did injury occur?
Location Ottumwa, Iowa	Injured at home, farm, industry, public place (where?)
W W CHAMPERS	Meene of Injury / / / Injured af work?
	- Horosto
Address 1400 Chapin St., N.W., Wash., D.C., A.J.K.	23. SIGNATURE H. L. JONES, Jr., Car. (MC) USN
79. 5-23 1947 Mary charlotte Smith	M. D. or other
19. (Date rec'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed 5-23-47

RECEIVED JUN 6 1947

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County MONTGOMERY	(For newborn infanta give residence of mother)	6
(If outside city or town limits, write RURAL and give nearest town)	State County are	
aw loan to chose place of death?	. City or town	est town)
lospital, Institution, or street address where death occurred: Sugure ban Hosy	Street No. 1. 0. 1. 2	1
1600 ON George Town Road, Bethesda 14, 17d	(If rural, give LOCATION)	V
How long in hospital or institution? 1.3 days	2.(a) If veteran, partie war	
B.(a) FULL NAME	3. (b) Social Security N	lumber
MARY J. BEACH		
S. Sex / S. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
EMALE White MARRIED	2D. DATE DF DEATH	at
.(6) Name of husband or wife OAKLEY & DEACH	21. I CERTIFY that death occurred on the date above stated; that I aftended decease	sed from
6.(c) It alive, give age # 9 ye	1937 18 10 / Way	19 4197
Birth date of	and that I last ssw halive on	19
eceased (mo., dsy, yr.) August 57 1871 AGE: Years Month Days If less than one day	Immediate cause of death.	DURATION
	CRARBARL EM bolism	12 hR
2271		
Birthplace WESTMORKAND (Town, county, and state)	Due to EMBOLUS FROM LEFT	
Usual occupation Ham & MAKER	Due to Rheumatic Heart Disease	101
Industry or business DWN HOME	Due to	

12. Name Charles Hakk 13. Birthplace Cohick, Virginia	Uther conditions	
	(Include pregnancy within 3 months of death)	•
14. Maiden name AlicE K. ObvERSON	Major findings of operations.	
15. Birthplace Haque Wirging.	Date of op.	•
6. Informant Husband Dasht & Beach	Autopsy results Bheumatic HEART Dis, The Rombus At.	Auricle.
Address 1012 N. JYING & ST. ARTINGTON VA.	PHYSICIAN: Please underline the cause to which death should be charged a	tatisticany.
Burial Date thereof May 14, 194	22. VIOLENCE: the death was due to external causes, till in the following:	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, sulcide, or comicide	
Cemetery or crematopy, allying ton Hat. Com.	Where did injury ortun (City or town) (County)	(State)
Location allington, Largenia	Injured at home tarm, Industry, public place (where?)	
11 2 2011 2 11 2 1211	Means of Injury Injured at work?	
Sund divine N. G. (Tilo no. 18d) By DUN		
Funeral director The Configuration of the Configura	Charle of faller V	ND
Funeral director W. E. Sugarald By JUN ddress 3245 Wilson Blood act.	Charles R. L. Halley P. 23. SIGNATURE M. D. O M. D. O Address 1801 Eye, Work D.C. Date signed.	44



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

(14143 Reg. Dist. No. 273

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Mantasmeny	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State	
How long in above place of death? 5.0.dassal	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 1.3.7.5 Locust Cd. 77 W	
Washington Sanetarisem + Tospi	(If rural, give LOCATION)	1
How long in hospital or tostitution? 50 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
ma Katin Beck)		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fe Wh married	20. DATE OF DEATH 12. 12. 19. 47. at . 5: A	59 N
m. Telillian JE Balla	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	
8.(6) Rame of husband or wife. Mrs. William & Back St	July 15 1847 10 May 12 19!	41
7. Sirth date of	and that I last saw h.E. Ralive oo	
deceased (mo., day, pr.) Jou 6, 18 6 8	Immediate cause of death	1011
8. AGE: Years Mosths Days If less than one day	Confue distalia	.a
79hrsmin.		*******
8. Sirthplace Wash County, and state)	Due to all one, trest of Yestebear 2 ho	
	dentity were	
10. Usual occupation.	Bue to	**********
11. Industry or business 12. Name James & Mc Cathran		***********
	Other conditions	
	(Include pregnancy within 8 months of death)	
14. Malden name Catherine Seake	Major fiadings of operations.	
14. Maiden name Catherine Peake	Bate of op.	
16. informact Haspital Record	Autopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, till to the following:	
	Accident, suicide, or homicide	**********
Cemetery or crematory celas Till Cene.	Where did injury occur?	**********
Location 4000 Septland Ra. S.E.	Injured at home, farm, lodustry, public place (where?) FRLL DOWN STRI	R.S.
11111	Means of Injury Injured at work?	
18. Funeral director	11/14 1 1 1	
Address L901-14-10 Cliff X	23. SIGNATURE M. M. J. J. Horron M. P.	*********
Hay IV HT FIRM DOOM	M, Di or other	112
(Date red d by registrar) Registrar	Addres J 13. Carpal M. A.W. Was DC Date signed 5-12.	7.1

MARTIARD STATE DEPARTMENT OF BEALTH
CERTIFICATE OF DEATH

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04144

CERTIFICATE OF DEATH

			2	1	3
(eg.	Diat.	No.			

1. PLACE OF DEATH: County			Streel No. 53I W Montgomery Ave. (If rural, give LOCATION)		
			2.(a) If veteran, name war.		
3. (a) FULL NA		lliam Benson		3. (b) Social Security Number	
4. Sex Male	5. Color or race	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 2D. DATE DF DEATH MAN 24 1947 21		
6.(b) Name of husba 7. Birth date of deceased (mo., da	Cantamh	abeth Benson	21. I CERTIFY that death occurred on the date about	ve stated: that I attended deceased from 10 Mars 2 4 1947 22 19 7	
85		Days If less than one day 29hrsmln.	Immediate cause of death	ction of sudden	
9. Birthplace	To remark	, county, and state)	Due to	lerous	
12. Name	James R. Be Maryland	nson	Other conditions	nonths of death)	
15. Birthplace	Virginia			Date of op.	
18. Informan M18 Address 53I	s Gladys Be Montg. Ave	. Rockville, Md.	PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically.	
17. Burial (Burial, cremat	non, or removal, winch	Date thereof 5-27-47 (month) (day) (year) Union Cemetery		Date of	
Location	Rockville,	Varyland Carehhees		injured at work?	
Address	Rock 47	ville had!	0 0 :00	M. D. or other M. J. Date signed 6. 1244 4. 7	

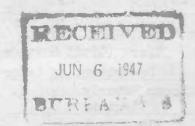
MAY 27 1947 BUREAU V S.

THE STATE OF THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-00 CERTIFICATE OF DEATH

bi a	age	/				s St., Baltimore 73-c0	04147				
	rect			CERTI	TE OF DEATH Reg. Dist. No. 216						
4	information carefully. The correct age of death clearly and legibly.	OILY OF LOWIS	hesda (rur	mits, write RURAL and give pearest	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1810 11th Street, Northwest (If rural, give LOCATION) 2.(a) It veteran, name war. World War II 3. (b) Social Security Number						
Ó	tion carefu clearly a	U. S. Nat	or institution? 2	dealh occurred: L, Bethesda, Mary lays							
	ormat	3. (a) FULL NA		as Christofer, Jr.							
ING	of es	4. Sex male	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			MEDICAL CERTIFICATION 20. DATE DE DEATH 25 May 19 47 21 12:12 4					
FOR BINDING	ly every item write the caus	7. Birth date of	2 Sente		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-23- 19. 47, to 5-25- 19. 47 and that I last saw him. alive on 5-25- 19. 47						
	Supply ease wr		ars Months 8	Bays it less than one dayhrs.	mln.	Immediate cause of death		DURATION			
MARGIN RESERVED	9. Birthplace					Due to Uremia Due to Lower nephron nepacute hemolytic aner Blue conditions Drug sensitivi	ohrosis from				
MA	WITH UNF important.	13. Birthplace	Virgin	ia okson	(Include pregnancy within 8						
5	PLAINLY, vis especially	Address 181	10 11th Str	eet, NW, Wash., D. Bate thereot. 5-28-4 (month) (day) n National Cemeter	Antopsy result Heyolytic amen PHYSICIAN: Please underline the cause to 22. VIOLENCE: It death was due to external c Accident, suicide, or homicide	auses, fill in the tollowing: Bate ot	ephrosis				
(S A15 -1	PLEASE WRITE	18. Funeral director	W. Ernest U Street,			Injured at home, farm, industry, public place (Means of injury ACCO ST 23. SIGNATURE J. D. WYCO FF	Injured at work?	SNR			
6/	141	(Date rec'd by	registrar)	0	Registrar	Address USNH, Bethesda, 1	Date signed				



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2411 N. Charles St., Baltimore

04145

CERTIFICATE OF DEATH					
	FRTIF	ICATE	OF	DEA	\TL

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mont County.	State Masslaud county Mouta
City or town	
How long in above place of death? 6 days	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
monty Co Sen Gospilal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
A Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Temale Megro : Stidould	20. DATE DF DEATH / Nay 25 1947 21/1 - 20 N
6.(b) Name of husband or wite alum Brown	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	5-18 1147 10 5-25-1047
7. Birth date of	and that I last saw half allive on 5 7 2 4
deceased (mo., day, yr.) S. A.G.F. Years Months Days If less than one day	Immediate cause of death Danko
8. AGE: Years Months Days It less than one day	Freumania-(alays)
our go	Twith Thys cashitis linguous
9. Birthplace (Town, county, and state)	Due to
Damestie.	
10. Usual occupation	Due to
11. Industry or business	
12. Name Rinkura 13. Birthplace	- Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name. Unknauch	Major findings of operations.
H 14. Maidon name. Unknaun 15. Birthplace	
16. Interment Daspital records	Antopsy results.
ada a mail	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address - May 1914	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal Which?) Date thereof (month (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Church Cemeters	Where did injury occur?
Si la Mas Yes	Injured at home, farm, Industry, public piace (where?)
Location	Msans of Injury injured at work?
1B. Funeral director	mana et many
Address Scark welle, med.	22 SIGNATING Charles innelleson
may 28 in the trucker of the	23, SIGNATURE MASSES MASSES MASSES M. D. OF
19. May 28 19.47 Determent - Laco	Sandy Stone In I was 5/2 - 1/200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The desired is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

ILAND STAIL DELAKIN	LITT OF HEALTH
2411 N. Charles St., Ba	ltimore (17-6)
CERTIFICATE OF	

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Reg. Dist. No.

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						4	Ç		×	4	ξ		J

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Montgomery Sethesda (rural)	State D.C. County				
(If outside city or town limits, write RURAL and give nearest town)	Washington				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Sireet No. 1312 Rhode Island Avenue, N.W.				
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3.(a) FULL NAME BROWN, Paul	3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male Col married	20. DATE DF DEATH 25 May 19 47 21 10:45A				
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. May 19. 117.				
7. Birth date of	and that I last saw h im alive on 25 May 19.417				
deceased (mo., der. yr.) December 13, 1909	Immediair cause of death. DURATION				
8. AGE: Years Months Days If less than one day	Peritonitis				
37 5 12hrsmin.					
9. Birthplace Georgia (Town, county, and state) Painter 10. Usual occupation	Due to Perforated duodenal ulcer				
	Due to.				
11. Industry or business					
12. Name Brown, Sam dec	Dither conditions				
13. Birthplace Ga.	(Include pregnancy within 8 months of death)				
14. Malden name Mattie ? dec.	Major findings of operations				
S 15. Birthpiace ?	Date of op.				
16. Informant Wife: Mrs. Annie B. Brown	Annual Control of the				
Address 1312 Rhode Island Ave., N.W., Wash., D.C.					
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide				
	Where did injury occur? (City or town) (County) (State)				
Cemetery or crematory					
Location Palatka, Florida	Injured at home, farm, industry, public place (where?)				
18. Funeral director W. Ermest Jarvis	Means of Injury Just Defect Injured at work?				
Address 1132 U St. N. W. Wash, D.C. +1	23. SIGNATURE J. D. WYCOFIV, Lt. (jg) (MC) USNR M. D. or other				
19. May 26 19 19 7 Mary Charlotte Smith Registrar	USNH Bethesda, Md. Date signed 5-26-47				

JUN 6 1947

2411 N. Charles St., Baltimore

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		CERTIFICA	FE OF DEATH Reg. Diat. No	216			
City or town. Bet (I: How long in above pia Hospilai, institution, U. S. Nav.	thesda (rura) f outside city or town lin ace of death? I moon or street address where de	6 days leath occurred: Bethesda. Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Calvert City or town Prince Frederick (If outside city or town limits, write RURAL and give nea Street No. Calvert County Hospital (If rural, give LOCATION) 2.(a) if veteran, name war.	rest town)			
3. (a) FULL NAI	CASSARD,	Edith Dowell	3. (b) Social Security	Number			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
female	white	married	20. DATE OF DEATH 21 May 19.117	12:00 F			
6.(b) Name of husbar	nd or wife Capt.	W. G. Cassard, dec.	21.1 CERTIFY that death occurred on the date above stated; that i attended deces	aeed from1947			
7. Birth date of	v.vr.) April		and that I last eaw h. er alive on 5-21-	1947			
deceased (mo., day	y, yr.) Aprili ars Months	Days it less than one day	Immediate cause of death				
O. MOD.	36 1	hrsmln.	Nephritis, Chronic				
9. Birthplace		county, and state)	Due to Congestive Heart Failure	***************************************			
11. industry or busin			Due to Fracture, Simple, left femoral neck				
当 12 Name	illiam Dowe	11	Other conditions	011111111111111111111111111111111111111			
=		ederick. Md.					
E		well	(Include pregnancy within 3 months of death)				
14. Maiden nam	Decima Ton		Major findings of operations				
		ederick, Md.	Dale of op.				
16, Interment	Capt. Paul (Jassard, USN 2853 Ontario Rd. Wash	Antopsy results				
			22. VIOLENCE: If death was due to external causes, till in the following;				
(Burial, cremati	al ion, or removal. Which?)	Date thereof5-28-47 (month) (day) (year)	Accident, suicide, or homicide Date of				
Cemetery or crem	atory St. Paul	's Church Cemetery	Where did injury occur?	(State)			
Location Pri	nce Frederi	ck, Calvert, Maryland	Injured at home, farm, Industry, public place (where?)				
18. Funeral director	Robert Harlo	ness Cy R.A.N.	Meane of injury injured at work?				
		ick, Maryland, D. C.	23. SIGNATURE J.P. PLATT, LT MC USN				
19	19 4 19 47	Man Charlotto Smith	M.D.	or other			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

MARGIN RESERVED FOR BINDING

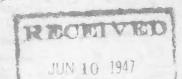
JUN 6 1947
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CERTIFICATE OF DEATH

	Reg. Dist. No. and J. J.
1. PLACE OF DEATH: County Brackesille mark & nd	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Montgomery
City or town	
How long in above place of death?	City or town Cit outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No.
	(If rure), give LOCATION) 2.(a) It veteran, name war.
Now long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mis. Annie E. Cecil	Mone.
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH May 9 1944 7 11/20 P
8.(6) Name of husband or wife Wilbur E. Cecil	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
25	may 191047 10 may 19-1049
7. Birth date of	and that I last saw her alive on Mily 19- 18-4-3
deceased (mo., day, yr.) August 3, 1869	
8. AGE: Years Months Days It less than one day	Immediate cause of death
	Carcinona July
17 9 16hrsmin.	In the state of th
9. Birthplace Frederick County Maryland. (Town, county, and style)	Due to
10. Usual occupation. Howsewixe	Due to
11. Industry or business	
12. Name W.T. Sears	Diher conditions
14. Wallie	
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Nichols 15. Birthplace Prederick County, Md.	Major fia diugs of operations. 100
\$ 15. Birthplace Prederick County Md.	
M. W. E. Casil	Autopsy results. 200
16. Informant.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Brookeville maryland.	
12unal) 5/22/47	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremstion, or removal. Which?) Dale thereof. (Month) (Gay) (year)	Accident, suicide, or homicide
Cemelery or crematory Mount Olivet Cemetery	Where did injury occur?
Incition Fredericks, marylande 1	Injured at home, farm, industry, public place (where?)
18. Funeral director M. R. Elchish and Jone	Meens of Injury Injured at work?
Address Fredericles, Maryland	20 CIONATION Chastsum fleson
2 2 2	23. SIGNATURE
(Date rec'd by registrar) (Date rec'd by registrar)	Address May garage ha

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confect age is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(14150)23 Reg. Diat. No.

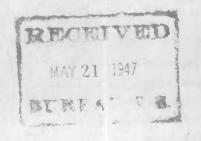
1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County County Town	
City or town. (If outside pity or town limits, write RUKAL and give nearest town)	State Our general County Grangton
How long in above place of Toath?	(If outside city or town limits write RJFAL and give nearest town)
Hospital, institution, or stroot address whore death occurred:	1-1/2
Washindon Samilarum Norto.	Stroot No. 4416 (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) if veteran, name war
3. (a) FULK NAME	3. (b) Social Security Number
Il and Delute	
4. Sex 5. Coior or race 6.(a) Single, repriled, Andowed, or divorced	Mone
	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH 7 21 6 60.0 P.M
6.(6) Name of husband or wife Mrs. Nettie L. Classon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or wife	Leph 27 1937 10 May 12 2 1947
	and that last saw heart alive on Many 9 24/ 1847
T. Sirth date of deceased (mo., day, yr.) aug. 12 18 78	
	Immediais cause of death
o. Adl.	
68hrsmin.	Trastatic Carcinoma
& Richalge north Hampton Mass)	Oue to.
9. 8 irthplace Mosth Hampton Mass. (Town, country, and state)	Oue to
10. Usual occupation. Kattured	Due to
11. Industry or business	
E 12. Namo Llenny & Classo	Other conditions McCarcaeses
The state of the s	Dilici Colluli (Oliazi, A)
13. 8irthpiace n. Jamplan Mass.	(Include pregnancy within 3 months of death)
14. Maidon name Claral Clars	
10 m 1/ 1+ 1m.	Major findings of operations
2 15. Birtholaco M. Hazzpton, Mass,	Date of op.
16. Informant Mettie I Class	Autopsy results
with Oll to 1 10 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addross 44/6 11. 4 The Rel Upl 1 Wingto	22. VIOLENCE: If doath was due to external causos, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. 5 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) (month) (day) (year)	
Cemotory or cromatory	Where did Injury occur?
Mashington DC.	Injured at home, farm, Industry, public place (where?)
Location Washingon	
18. Funoral director	Means of Injury Injured at work?
to al provide 110/10	10 80/2 SA 11
Address 1500-4 mg got fifte Mosphors of	23 STENATURE CHUM & STACKEY
Man w Stelland	M. D. Mer
(Date rec'd by registrar) Registrar	Address 6 9) JW. WWY Dato signed My 12 Tou

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2411 N. Charle	a St., Baltimore [17-5]
CERTIFICAT	E OF DEATH Reg. Dist. No. 223-
1. PLACE OF DEATH: County Mantgamery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. (If outside city or town limits, write RURAL and give neorest town)	state Mary land county Montgomery
Now long in above place of death?	City or town
Washington Sanitarium	(If rufal, give LOCATION)
How long in hospital or institution? 7 hours	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Myrtle Cooper	
4. Sex 18 male 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20, HATE OF DEATH 19 15x 7 , 21/15x P
6.(b) Name of husband or wife Lieuin E. Cooper	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw h alive on 19.
7. Birth date of deceased (mo., day, yr.) Sept. 3, 1893	Immediais cause of death OURATION
8. AGE: Years Months Days It less than one day 53 - 8 /6	Buchloade & Merenny
9. Birthplace Knopielle Med. (Town, county, and state)	Que 10.
10. Usual occupation. House wife	Oue to
11. Industry or business	
12. Name 19 obert Keller 13. Birtholace Knox ville Md.	Other conditions At Market of Market
14. Maiden name Cora Weisker 15. Birthplace Knoxville Md.	(Include pregnoney within 3 months of death) Major fieldings of operations.
15. Birthplace Knox ville Md.	
16. Interment Sanitarium Records.	Aotopsy results
Address	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
19. 1. 1 May 22-1645	22. VIOLENCE: If death was due to external causes, fill in the following:
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Alforn Chulchy	Where did Injury occur?
Location Transmittee Ma-	Injured at home, farm, Industry, public place (where?)
18. Funeral director The S. W. Hines Go.	Meens of Injury Injured at work?
Address 2901-14 th Standy (8.0)	tranky. Brownhart M.V.
19. Mars 19 1947 & Horn Dodl	23. SIGNATURE M. D. or other Address Jacobs Land Date signed Date



1. PLACE OF DEATH:

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baftimore 940

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

(4152₂₂3)

County Montgomery	(For newborn infants give residence of mother)
Takoma Park	State D. C. County
(If outside city or town limits, write RURAL and give nearest town)	City of town Washington
How long in above place of death?	Gity or town
Hospital, Institution, or street address where death occurred:	Street No. 1435 N St., N. W.
OUD MAPLE AVO.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. VICTORIA MAGDALENE CO	WAN
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	
4. St. Union of land	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH May 1 19547 21/145 A.
Edward	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Nama of husband or wife Edward	
	aed that t 6st say h. alive on 18
7. Birth date of decessed (mo., day, yr.) Sept. 20th. 1865	
8. AGE: Years Months Days If less than one day	Immediate cause of death
0. 1.02	dead.
	cornary occlusion sudden
9. Birthplace McEwen, Tenn. (Towo, county, and state)	Due to
(Towo, county, and state)	
1D. Usual occupation. Retired	Due to.
11. Industry or business	
	Dither conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Magdelene Bibb	Major findings of operations
14. Maiden name Magdelene Bibb 15. Birthplace Tenn.	major nadiogs of operations
16. Informant Mr. R. H. Cowan	Autopsy results
Address 1444 N St. N.W. Wash. D.C.	
Pemorral & Burial 5-3-1947	22. VtOLENCE: If death was due to external causes, fill in the following;
Removal & Burial Date thereof 5-3-1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did lajury occur?
	Injured at home, farm, industry, public place (where?)
Location McEwan, Tenn.	
18. Funeral director Clares & Ountphrey.	Means of Injury Injured at work?
0.50	Frank J. Broschart M. J.
	23. SIGNATURE DE SKALLEN M. D. or other
19 May 2 10 T) ATIMM NOUS	M. D. or other
(Date rec'd/by registrar) Registrar	Address Sturkhalle 2d Date signed 5-1-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 216

State Market and give nearest town) State Market Modern Country Market Mural and give nearest town) State Market Modern Country Market Mural and give nearest town) State Market Modern Country Market Mural and give nearest town) State Market Modern Country Market Mural and give nearest town) State Market Modern Country Market Mural and give nearest town) State Market Modern Country Market Modern Market Modern Country Market Modern Country Market Modern Market Modern Country Market Modern Market Modern Country Market Modern Country Market Modern Country Market Modern Market Market Modern Country Market Modern Market Market Modern Market M		1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cit consider ety or town limits, write AURAL and give nearest town) Resoluti, institution, or street address where death occurred. Security, institution, or street address where death occurred. Security, institution, or street address where death occurred. 3. (a) FULL NAME 3. (b) FULL NAME No. JOHN J. CUNVEY 3. (c) Heteran, name wit. 3. (b) Social Security Number 1. Street No. No. Security Number 3. (c) Wallet address where death occurred. Street No. No. Security Number 3. (c) House of humband or wife. 8. (c) Major or race 8. (c) Major, with a street of the date above stated, that I attended deceased from J. No. 18 May 19. H. 1. Birth date of deceased from J. No. 18 May 19. H. 8. AGE: Tears Meadits Days It less than one day 8. AGE: Tears Meadits Days It less than one day 9. Birthplace Mondan mery Q., Md. 10. Usual occupation. Social Security Number 7. Age of the date above stated, that I attended deceased from J. No. 18 May 19. H. 10. Usual occupation. Social Security Number 7. Age of the date above stated, that I attended deceased from J. No. 18 May 19. H. 10. Usual occupation. Social Security Number 11. Industry or business. Major finding of the date above stated, that I attended deceased from J. No. 18 May 19. H. 11. Industry or business. Mondan mery Q., Md. 12. Rame T. C. Y. G. M. 13. Birthplace Mondan mery Q., Md. 14. Radien same. ARSALICE D. Y. A. 15. Birthplace Mondan T. C. N. C. M. 16. Informat I. C. S. C. R. S. L. N. C. 17. Rame T. C. Y. C. M. 18. Informat I. C. S. C. R. S. L. N. S. 19. Sirbplace Date of Sp. Antopy results. Physicial receive the case to which death should be charged statistically. More finding occur? (City or town) (Country) (Country) (State) No. D. occupation. 18. Funeral director Mondan T. C. R. C. M. M. D. occupation. 22. Sightluss. Antopy results. No. D. occupation. N	1	County Montgomery	
Revision in abora place of death? South Dan Hospital, institution or steet advises where death occurge: South Dan Hospital or institutions? J. (a) FULL NAME W. John T. Culver 3. (b) Social Security Number 3. (c) If velorar, name war. (from a man war. (from a man war. (from a man war. (from a war.		City or town Bethesda	
Reputible, or street address where each occurred and the properties of the course of the properties of the propertie	ı	(if obtaine entry of town times, write notifice and give nearest town)	City or town To IREST OLEM.
Subject to the state of the sta		How long in above place of death?	
New long in hospital or institution? 3. LARCES			
3. (a) FULL NAME 4. Set Male 5. Color or race 6. (a) Single, married, widowed, or directed Male 5. Color or race Male 6. (b) Single, married, widowed, or directed MEDICAL CERTIFICATION 7. Buth date of wife 6. (c) It alies, better discussed from the date above stated; that is it ended deceased from the date above stated; that is altered deceased from the date above stated. 9. Birthplace 10. Usual occupation. A SS SS SOY 11. Industry or businesses Montgor realis. 11. Industry or businesses 12. Single for death was due to extend cases, fill in the following: 12. VIOLNOE: If death was due to extend cases, fill in the following: 13. Single finding for stated and the date above stated attentionally. 14. Sylventy that the date above stated attention to the date above stated attention. 15. Single finding for stated the cases to which death should be charged attentionally. 16. Single finding for stated the cases to which death should be charged attentionally	1		
4. See Solor or race Solor or race Male Solor or ra	l		2.(d) If veteran, name wer
4. Sas 8. Color or race Male S. Color or race S. Color or race	١		3. (b) Social Security Number
Male White SINGLE 6.(6) Name of husband or wife 6.(6) Name of husband or wife 1. Birth date of Secret on the date above stated, that I attended deceased from P. I. Sirth date of Secret on the date above stated, that I attended deceased from I. S. P. I. S. M. J. S. P. J. S. M. J. S. M. J. S. P. S.		Mr. John 1. Culve	Y Y
6.(b) Name of husband or wife. 6.(c) Name of husband or wife. 7. Birth date of deceased (mo., day, m) Nov. 14, 89 8. AGE: Tears Months Days If less than one day Arise cause of dash. Limited dates above stated; that is itended deceased from the cause of dash. The months of dash. The months of dash. The months of dash. The months of dash. 9. Birthplace. 10. Usual occupation. ASSESSOY 11. Industry or business Montagomery Co., Ma. 21. I CERTIFY that dash over a false above stated; that is itended deceased from the cause of dash. The major and the cause of dash. The months of dash. The months of dash. The months of dash. The months of dash. Bue to Congestive Heart Failure. Due to Arterioscient tic Heart Gisease and Hyper tension. 11. Industry or business Montagomery Co., Ma. 12. I Sinhplace 13. Birthplace Major findings of operations. 14. Maiden name. ARGALITE D. CONVER. Address FORST GLEN- Mo. 15. Intermant. M. R. C. R. R. L. T. E. D. CONVER. Address FORST GLEN- Mo. 16. Intermant. M. R. C. R. R. L. T. E. D. CONVER. 17. Bork I G. L. C. M. D. Convers dash the months of dash should be charged statistically. 18. Function for semastery. 19. Converse due to dash above the dash should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Every conditions. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse due to dash. Major findings of operations. 19. Converse dash. Major findings of operations. 19. Converse dash. Major find	I	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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5.6 (c) If alive, give age years deceased (no. 49, yr.) Nov. 14, 1899 8. AGE: Very Months Days If less than one day hrs. min. 9. Birthplace. (Town, county, all state) How hrs. min. 10. Usual occupation. ASSESSOY 11. Industry or businesse Montag Co. Mo. Due to Congestive Heart Fall ure 12. Rame GROAD ASSESSOY 13. Birthplace 14. Maiden name. ARSELACE D. ACADE M. J. M. J. Groad Statistically. 15. Birthplace 16. Informant M. S. GROAD A. L. L. E. D. G. A. J.	I	C (h) Name of hunband or mile	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
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11. Industry or business Morta. Co. Mo. 12. Name TROY GR. H. CHYRT. 13. Birthplace Montagemery Co., Mo. 14. Maiden name. GROLINE D. GYAT 15. Birthplace 16. Intormant. MRS. CRROLINE D. CULVER. Address FOREST GLEN - Mo. 17. BURIAL (Burial, eremation, or removal, Which?) Cemetery or premalory. Cremoval, Which? Location FOREST GLEN - Mo. Location FOREST GLE	1	Accessor	
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18. Funerat director Wares & Burgling Means of Injury Means of Injury Means of Injury Injured at work? Maddress SILVER SORING - 100 23. SIGNATURE Deacuing M. Alder M. To. M. D. or other			
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M. D. or other			Thank the Med. M.
m 6 tobes M. D. or other		AUDIESS OF LOTE OF THE PROPERTY OF THE PROPERT	1 23. 3 BRA URCVi
1 1 MAIL OF MA		19. 5/21 19/1 Mm 6 Jobes	800+ Newell Court A. S. M. Bate cigned 19 May 1947



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04154 Reg. Dist. No. 714

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RJRAL and give nearest town)	State
How long in above place of death?	City or town
How long in above place of death	CIO S P. A. S.
Cedarroft Samlar	Street No. 8.1.2a (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Robert y Dedmi	
	MEDICAL CERTIFICATION
male white divorced	20. DATE DE DEATH MANY 10 1947, at 2 in A M
ex-wife Wilds Delens Ledmon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Hilda Delano Dedmon	Dep 19 = 19 , to 19
7. Birth date of Moss 27 1901	and that I last saw h alive on them eare 19.
deceased (mo., day, yr.) May 27, 1901	
8. AGE: Years Months Days It less than one day	Immediate cause of death
45 11 13	O. Land adless a
	Curtain States
9. Birthplace Chase City, Mecklenburg Co., Va.	Due to.
10. Usual occupation.	Due to
11. Industry or business Truck rental	
Robert Sidney Dedmon La Name Robert Sidney Dedmon La Sirthplace Chase City, Va.	Other conditions
Elas Birthplace Chase City, Va.	(Include pregnancy within 3 months of death)
E 14. Maiden name Lelia Richards	
Chase City, Va.	Major findings of operations.
=1 15. Birtinplace	Date of op.
16 Interment Mrs. Rebecca Edwards, sister	Autopsy results
Address 4 Edgewood Terrace, Alex., Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
18/2 10 01. 310	Where did injury occur? (City or town) (County) (State)
Cemetery or cremetory all rules	
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Warner & Para phray	Means of Injury Injured at work?
I lave love in male	Travel J. Brosshart
Address Sun office 1	23. SIGNATURE M. D. or other
10 may 10 194) Josephine My Schaefler	
(Date rec'd by registrar) Registrar	Address Jashella Res Mel Date signed 5 10 47

MAY 13 1947 BUREAU F S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. 2/6

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of mothe State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex 4. Sex 6.(b) Name of husband or wife	MEDICAL CERT 20. DATE OF DEATH
7. Birth date ot deceased (mo., day, yr.) Feb 8 1872 8. AGE: Years Months Day's If less than one day 75 2 4 hrs. min.	and that last saw h. e.R. ative on
9. Birthplace Kingston Mass. 10. Usual occupation Housewife 11. Industry or business 12. Name Samuel P Cale 13. Birthplace Mass.	Bue to Cardio vascula disease virile lu Bue to Diabeles Me
14. Maiden name. Sarali Cook. 15. Birthplace Mass.	(Include pregnancy within 3 month
Address Danie 17. CREMATION (Burial, cremation, or removal. Which?) Date thereof MAY-5-1944 (month) (day) (year)	PHYSICIAN: Please underline the cause to which d 22. VIOLENCE: If death was due to external causes, t Accident, suicide, or homicide
Commetery or crematory CEDAR HILL Location SOLTLAND PRINCE GEORGESCO-MO 18. Funeral director Warner & Dungshauge	Where did Injury occur?
Address SILVER SPRING - 10 19. 6/3 (Date fee'd by registrar) Registrar	23. SIGNATURE Adjusting Address Agusugton

	3. (b) Social Security Number
MEDICAL CE	RTIFICATION 25
DATE OF DEATH MAY 3	19 47 a 6 23
I. I CERTIFY that death occurred on the date abov	e stated; that I attended deceased from
	46 10 May 2 19 47
nd that Vast saw h . R alive on	May 2 1 19 4"
	PURATION
nmediate cause of death	rrhage 2/200
e to Pardio - vaicu	lar-reval over
disease sirtle	Rypertension 20 yr
ze to	
0:-0-1-	11.10.+ E 110.
her conditions Diabetts M	Hellitus 5 year
(Include pregnancy within 3 m	onths of death)
ajor findings of operations	
ajot findings on operations.	Date of op.
ntopsy results	<u> </u>
2. VIOLENCE: If death was due to external caus	
octdent, suicide, or homicide	Date of

Injured at work?

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

WITH UNFADING INK. important. Physicians: p

PLAINLY, V is especially

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MAY 9 1947 BUREAU S MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Rog. Diat. No.

CERTIF	CATE	OF	DEATH
CERIII	ICAIL	UF	DEATH

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) UF (For newborn infants give residence of n	nother)
County Ches	rv Chase		Maryland Coun	Montgomery
City or town	itside city or town lin	nits, write RURAL and give nearest town)	••	
How long in above place	of death? 34yrs	3	City or town Cheyy Chase (If outside city or town limits,	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 6301 Brookville Road,			Street No. 6301 Brookvill	e Road,
			(If rural, give I	LOCATION)
How long in hospital or	Institution?		2.(a) If veteran, name war	
3. (a) FULL NAME	_	F - 11		3. (b) Social Security Number
	ESCH.	FRED HENRY		None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male	White	Married	20. DATE OF DEATH 24/ May	19 47 at 4-45/
	" Harri	ette H. Esch	21. I CERTIFY that death occurred on the date abov	e stated; that I attended deceased from
6.(b) Name of husband	or wire	53	1928	10 24/ May 1847
7 Right date of			and that I last saw halive on	May /1947 18
deceased (mo., day, y	.) May 16,	1885	Immediate caose of death	OURATION
8. AGE: Years	Months	Days It less than one day	Myocardial July	areteon.
62 62	0	8n		
a Rinthulana Wis	sconsin	county, and state)	Due to Coronary artery	Depare
3. Birthplace	(Town,	county, and state)		
10. Usual occupation	Lawyer -	retired	Due to	
11. industry or business	Law			
	Esch		Other conditions	
Y 12. Malife.	sconsin	•	differ conditions	
		Thomas	(Include pregnancy within 3 m	
		lters	Major findings of uperations	
2 15. Birthplace	Visconsin			Date of op.
16. Informant Hal	riette E	. Esch (wife)	Aotupsy results. Nove	
Address Che	evv Chase	. Maryland	PHYSICIAN: Please underline the cause in whi	
			22. VIOLENCE: If death was due to external caus	es, fill in the following:
17 Cremat	or removal. Which?)	Date thereof May 24, 1947 (month) (day) (year)	Accident, suicide, or horoscide	
Cemelory or cremalo	. Cedar I	Iill Crematory	Where did injury occur?(City or town)	(County) (State)
		D. C.		ere?)
			Means of Injury	Injured at work?
		Jend Jones Lunder	0/104	11 00 210-
Address De CI	Tesua 14,	Maryland Maryland	- 23. SIGNATURE harles R. I.	Hally IVI
19. (Date rec'd by reg	2 / 19 4 /	Begist	at Address /80/ Ey St. N.W.	Date signed Hoy/47

MAY 28 1947 DUREAU V 8

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Silver String	State Mary land county Monto onery
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh?	(if outside city or town limits, waits RITEAD and give nearest town)
Hospital, Institution, or street address where death occurred: 703 51100 Ave.	Street No. 70.3 5/10 0 Ave.
	(ITrufal, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	alsom 578-28-7166
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. BATE DF DEATH M 3 35AM
6.(b) Name of husband or wife Bessie Margurite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May April 8 19 47, 10 May 16 19 47
7. Birth date of	and that I last saw h 1000 alive on May 16 1947
deceased (mo., doy, yr.) July 3rd, 1874 8. AGE: Years Months Days If less than one day	Immediate cause of death
	Frohable Coronary Occlusion 3 hrs.
72 10 13min.	
9. Birihplace Des Moines Iowa.	Due to
(Town, county, and state)	
to. Usual occupation Engineer	Due to
11. Industry or business	
E 12. Name. Isaac Y. Folsom	Other conditions
13. Birthplace Essex Co., N. Y.	(Include proguancy within 3 months of death)
# 14. Malden name. Mary Sackett	
15. 8irthplace Unknown	Major findings of operations.
Mac Possia M Folsom	Date of op.
16. Informant Mrs. Bessie M. Folsom	Autopsy results
Address 703 Sligo Ave. Silver Spring	
Burial Bate thereof 5-19-1947 (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: 11 death was due to exteroal causes, fill in the following; Accident, suicide, or homicide
Cemelery of Mash. Glenwood, Wash. D. C.	Where did injury occur? (City or town) (County) (State)
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Warnes & Campalarey	Meaos of injury Injured at work?
Address Silver Spring, Md.	THE HOME OF OME
0 0-240	23. SIGNATURE M. D. of other
19. may 16 (Date rec'd by registrar) 19. 4. 7 Josephine W. Scharff	Address live Spring Md Bale signed 5/16/47

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MAY 20 1947

BUREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Monggrang	State D.C. County
City or town	
How long in above place of death?	City or town
Mounital Institution or street address where death occurred:	Street No. 3 70/ 39th Ft., N.W.
Washington Jan & Hosp, akoma PK	(If rural, give LOCATION)
How long in hospital or institution? LE days	2.(a) it veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mortinean Foster	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH May 18 19. 42, 217:35P.
a da m	21. I CERTIFY that death occurred on the date above stated: that J attended deceased from
6.(b) Name of husband or wite	april 27 19.47, 10 may 18 19.42
T. Birth date of S. (c) If alive, give age years	and that I last saw h Manalive on Many 15 1942
deceased (mo., day, yr.) Change 2, 18 14	Immediate cause of death
8. AGE: Years Months Days It less than one day	Uremia est. 6 mont
72 9 ./6hrsmin.	
	Que to Indiscepturois charge referen
9. Birthplace (Town, county, and state)	000 10
10. Usual occupation Architect	a talia hypostrophy mulerous
11. Industry or business Building	Oue to
(1, tilleager) of Berlinet	
士 12. Rame	Other conditions
13. Birthplace England	(Include pregnancy within 3 months of death)
E 14. Maiden name Many Run Jackson	Major findings of operations.
14. Maiden name Many Ann Jackson 15. Birthplace Englang	
16. Informant Mrs. Neonilla Foster	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3701 39th St. N. W.	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;
Oate thereot 5/20/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Maple Grove Cemetery	Where did Injury eccur? (City or town) (County) (State)
Location Kew Gardens, New York	Injured at home, tarm, industry, public place (where?)
18. Funeral director Tlo S. H. Hunes 50.	Means of Injury injured at work?
2000 111H 01 12 2000 0	2 MOD D. D.D
Address of 401-1402 ST	23. SIGNATURE Cusself 4. Durin 14.
105/19/ 1047 / HIMM NOGO	I de le ate la vHal May 18 188
(Dade rec'd by registrar) Registrar	Address Oate signed



	110 - 71	7/47	FICATE OF DEATH	Nog. Diac. No	216
How long in above place Hospital, Institution, o U. S. Nava	omery hesda (rung outs'le city or town lie e of death? 2 MOI r street address where d 1 Hospital	nits, write RURAL and give nearenth theath occurred: Bethesda, Md.	City or town Washing to (If outside city or Street No. 3754 Kans	County	arest town)
3. (a) FULL NAM		2.11	2.(d) IT veteran, name war	3. (b) Social Security	
FRAN		alter Ashley			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or d	MLD	ICAL CERTIFICATION	
male	white	married		on the date above stated; that I attended deci	
9. Birthplace	myland (Town, of Medical Coss U. S. Publiter Frank) Virgini	mber 1848 /86 Days Heles than one day 20 hrs. county, and state) Officer, Retired olic Health Service and a, dec.	Due to	ney within 3 months of death)	10-
15. Birthplace	Ohio, de		Autoney results CA	stellbore.	0
Address 3754 17. Buria (Burial, cremation	Kanawha St 1 n, or removal. Which?)	., M, Washingto	PHYSICIAN: Please underline the 22. VIOLENCE: If death was due (year) Accident, suicide, or homicide	e cause to which death should he charged to external causes, fill in the following:	
	lington Vi	rginia	Injured at home, farm, Industry, pu	iblic place (where?)	

JUN 17 1947

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CERTIFICATE OF DEATH

eg. Dist. No. 2/1

1. PLACE OF DEATH: County	own)
County	own)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death accurred: Street No. 7.09 Sign Oute Street No. 7.09 Sign Oute Street No. 7.09 Sign Oute (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	own)
How long in above place of death?	own)
Hospital, Institution, or street address where death occurred: Street No. 7.09 Slego Que	own)
How long in hospital or Institution? 3. (a) FULL NAME Urlores Ran Solden 3. (b) Social Security Number 2. (a) If veteran, name war.	************
3. (a) FULL NAME Urborro Rar Solden 3. (b) Social Security Number of	
3. (a) FULL NAME Urbores Rar Solden 3. (b) Social Security Number	
Urborro Ras Solden mone	
	ber
4. Sex 5. Color or racs 6.(4) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
MEDICAL CHAITON	
20. DATE OF DEATH. 477 TH 19.4.7 at 8	715'A
21. I CERTIFY that death occurred on the date above stated; that I attended deceased for	rom
6,(b) Name of husband or wife.	1947
7. Birth date of and that I last saw h	1847
deceased (mo., day, yr.) 4	DURATION
8. AGE: Years Mohths Days If less than one day	7000
22hrsmin.	say.
	0 . 0
9. Birthplace (Town, county, and state)	210
	130147 200
1D. Usual occupation.	4
11. Industry or business	21
12. Kame alls Stelle Diher conditions Tolket Total	/
¥ 13. Birthplace 72.6.	
(Include pregnancy within 3 months of death)	
14. Maiden name Major findings of operations. Major findings of operations. Dale of op.	
图 15. Birthplace Dale of op	
16. latorment Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statist	ically.
Address / 0 9 22. VIOLENCE: If death was due to external causes, till in the following;	
17 Dural Bate thereof Wlay 9 1947	**************
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or cromatory George Washington Memorial Where did Injury occur? (City or town) (County) (Sta	ite)
Location Regard & attended for Georges Co Md Injured at home, farm, Industry, public place (where?)	
Means of Injury Injured at work?	
18. Funeral director. Marco O uniform	16
Address Silver Springs - Wed - D	1
M. D. COMM. D. COMM. D. COMM. D. COMM. D. COMM. D. COMM.	gr /
19. (Date rec'd by registrar), Date signed 4.	1. 1. 1

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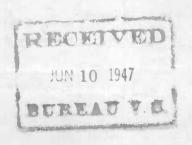
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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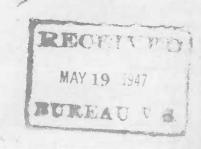
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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				-	-

1. PLACE OF D	EATH: gomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Rat	hesda	******************		State County		
City or town	f ontside city or town li	mits, write R	URAL and give nearest town)			
Now long in above als	ice of death? Sudd	en de	ath	City or town (1f outside city or town limits, write RURAL and give nearest town)		
Rospital, Institution.	or street address where	death occurred	:	Street No. 810 4th St. N. W.		
Dorset A	ve. Railr	oad c:	rossing	Street No		
How long In hospitat	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAI	ME			3. (b) Social Security Number		
M	rs. Shirl	ev Ya	tes Gordon	579-22-2679		
4. Sex	5. Color or race		e, married, widowed, or divorced			
			rried	MEDICAL CERTIFICATION		
Female	Colored	ma.	rried	20. DATE OF DEATH May 14. 19.47		
	nd or wife Evan	e Gor	don	2t. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
6.(b) Name of husbar	nd or wife	3 901	20	••••		
7 Digit date of	***************************************	6.(0	e) If alive, give age 28	ears and that I last saw has alive on		
deceased (mo., da)	y, yr.) Nov. 2	3, 19	22	Immediate cause of death Dep. Med. Exam. Case DURATION		
	ars Months	Days		Immediate cause of death		
24	5	21	hrs	in Internal Hemorrhage Died		
W	ashington	. D.	C.	Due to crushed chest and back. sudden		
9. Birthplace	(Town,	county, and s	tate)	D16 (0		
4B. Houst connection	Maid			(accident)		
				Due to		
t1. Industry or busin	less					
里 12. Name	enry Yate	S		Dither conditions		
13. Birthplace	Virginia			(Include pregnancy within 3 months of death)		
X	Mamie C	arter		(Include pregnancy within 3 months of death)		
14. Maiden nam	ie	0.2.002	***************************************	Major findings of operations		
≥ 15. Birthplace	Richmond,	Va.				
15 Interment Mr	Mamie C Richmond, s. Bernic	e Yat	es	Autopsy results		
	her-same			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
			- / / -	22. VIOLENCE: If death was due to external causes, fill in the following;		
tr nemov	on, or removal. Which?	Date there	eof 5/15/47 (month) (day) (year)	Accident, suicide, or homicide. accident Date of 5/14/47		
(Burial, cremati	on, or removal. Which?	(n+ an	(month) (day) (year)	Bethesda Montgomery Md.		
Cemetery or crema	atory Washin	gton,	D. U.	Where did injury occur? Bethesda, Montgomery Md. (City or town) (County) (State)		
				Injured at home, farm, Industry, public place (where?) PUBLIC road		
		1	7 7T	Means of Injury Railroad crossin Sajured at work? NO		
18. Funeral director	Stewart F	unera	I home			
Address 30t	h H. St.	N. E.		Jeans & Broschact		
			m E laber	23. SIGNATURE M. D. or other		
19. (C) oto 76° d by	D 19	l	m E Johns	rar Address Gaithersburg, Md. Date signed 5/14/47		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICA	Reg. Dist. No.	***
1. PLACE OF DEATH: County Mon	tgome	ry		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Hunting Hill MD Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Suddenly				State Maryland County Montgomery Rural Potomac MD.	
How long in above place of death Hospital, institution, or street a	address where	death occurred:	у	Street No.	
How long in hospital or institution?				(If rural, give bocation) 2.(a) If veteran, name war	*****
3. (a) FULL NAME	Loui	s J. G		3. (b) Social Security Number	
	hite		married, widowed, or divorced arried	MEDICAL CERTIFICATION 20. DATE DF DEATH 1947, at 530	2
8.(b) Name of husband or wife Nellie Gray 5.(c) It alive, give age 62. years 7. Birth date of New 27, 70,70			It alive, give age 62.		
deceased (mo., day, yr.)	NOV.	27 187	It less than one day	Immediate cause of death DURAJIDI	
67	5	9	hrs min.	of upart discharge sudde	1
9. Birthplace Lowd	en CO	.VA.	te)	Due to Ofrance marked	
10. Usual occupation				Magaranales	
11. Industry or business		one		Due to	••••••
12. Name Stev	en El	lis		Diher conditions	********
14. Maiden name	arrah	Galb		(Include pregnancy within 8 months of death)	_
15. Birthplace		VA.		Major findings of operations	
16. Informant Nellie Gray				Autopsy results	
Address Pullana M.D. 17. Eurial (Burial, cremation, or removal, Which?) Date thereot May 9. 1947 (month) (day) (year)				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Laytonsville, MD. Montgomery CO. MD.				Where did Injury occur? (City or town) (Connty) (State) Injured at home, tarm, Industry, public place (where?)	
18. Funeral director	y W.	Barber	••••	Means of injury Injured at work?	
Address Lay	tonsv	ille, l	MD.	a south m. A	
19. May 8 (Dato Je'd by registrar)	19.4.7	٤.	P. Olesinas	23. SIGNATURE M. D. or other Address Cochaville Med Date signed 5. 8 44	7

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The convect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE.

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MAY 13 1947

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

. / .	Reg. Diat. No.
PLACE OF DEATH: County Mantagamery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	State / 1.9.4 a. 1.4 County / a. 1.4 a. 1.4 County / a. 1.4 a. 1.4 c. 1.4 City or town (11) outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: The Montgamery County General Hospital	Street No. 7, # Wood & 12 C
How long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mrs. Mary E. Green	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MAY 12 1947 21 4:02 9 18
8.(b) Name of husband or wife Elmer Green	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.47 to May 12 1842
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h
48 4 15nrs.	Die Ser Ensen chine
9. 6irthpiace. Wood Xield Maryland (Town, county, and state) 10. Usuai occupation. Hauseway	ettershed nephrotes 10 yrs
11. Industry or business 12. Name David Ward 13. Birthplace Middlebreck Md.	Other conditions Maskets 13 725
E 14. Maiden name Ledelia Woodyield	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Hospital records	Autopsy results. Date of op
Mddress 17 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremators Managery Thanks	Where did injury occur?
16. Funeral director Suff W Basker	Means of trijury trijured at work?
Address and mortifle 200 de la della desida	23. SIGNATURE M. D. or othey
(Date rec'd by legistrar) Registrar	Address Sandy Spring, MoDate signed 5/12/47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I is especially important. Physicians: please write the causes of death clearly and leg MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

04164 Reg. Dist. No. 3/6

1. PLACE OF DEATH	: omery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Bathagda				State		
How long in above place of death? Sudden death				City or town. Washington. De (If outside city or town limits, write R		
Hospital, Institution, or street	et address where d	eath occurred	crossing.	Street No. 2325 N. Street, N		
DOLSEC A	e. rar	LIOAU	crossing.	(If rural, give LOCATI	ON)	
How long in hospital or inst	Itution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number	
i	Teff C.	Hand	У	22	2-10-2009	
4. Sex 5.	Color or race	6.(a)\$ingle	, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
Male C	colored	Mai	rried	20. DATE OF DEATH MAY 14.	19.47 at4: 30P.m	
	Canai	110110	Crahant	21. I CERTIFY that death occurred on the date above stated;		
6.(b) Name of husband or w				19		
7. Birth date of		6.(6) If alive, give age42years	and that I last saw halive on		
deceased (mo., day, yr.)	May 28	,1901	8	Immediate cause of death Dep. Med. E	xam. Case DURATION	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	January Comments	
42	11	16		Inter-thorasic hemorr	hage Died	
9. Birthplace Daver, Del. (Town, county, and state)			tate)	Due to crushed chest.	suddenly	
10. Usual occupation Houseman, Congressional Cou				ntry (accident)		
11, Industry or business						
12. Name Park	cer Hand	Ly :		Dther conditions		
13. Birthplace Ur	known			MV 1		
	aheaas	Hand	у.	(Include pregnancy within 3 months of		
E 14. Malden name	renecca.		<i>y</i>	Major findings of operations		
14. Maiden name	nknown				Date of op	
16. Informant Gene	evieve (Ha.	ndy	Autopsy results		
				PHYSICIAN: Please underline the cause to which death		
Address Wife, above address				22. VIOLENCE: tf death was due to external causes, fill is	n the following:	
17 Removal				Accident, suicide, or homicide. Accident	Date of 2/14/4/	
Cemetery or crematory Washington, D. C.				Where did injury occur? Bethesda, M. (City or town)	(County) (State)	
Cemetery or crematory		3.x		(City of town)	ublic road	
Location				Where did injury occur?	District at work? NO	
			vis Co.	Means of injury Italia and Ciobbi	- Anjured at Work!	
	U. Stre			Frank J. Brose	hace //····	
5/10	117		Am & Dobes	23. SIGNATURE Signal Signal	M. D. or other	
19. (Date rec'd by registr	ar) 19.7		Bastrar	Address Gaithersburg, Md.	Dafe signed 5/14/47	



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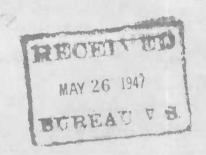
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04165 Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Monly many	State Managelannal County Menning management
(If outside city or town limits, write RUKAL and give-nearest town)	1.1.01
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
505 Canal an	Street No. S. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteral, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles a. Hartley	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married.	2D. DATE DF DEATH May 23 19.5.7. 21. 7.22.4.
6.(b) Name of husband or wife agrees C. Hartley	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) Cong 1 1888	and that I last saw h
8. AGE: Years Months Days If less than one day	Immedisia cause of death
58 8 22hrsmin.	Cormany acclusion
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation (Nacha Sungst	J
	Due to
11. Industry or business M. S. C.	Dther conditions.
E 12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name Anak a Baylor 15. Birthplace Pa	Major findings of operations.
C = C 1/2 =/.	Date of op.
16. Informant Cagnilla California	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 305 Carrol ave Japane 17 ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Charles L. Date thereot. A. 7. 7. 6. 1917. (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Colona ton V Cationat	Where did injury occur?
Location Rollington Co- Vigena	Injured at home, farm, industry, public place (where?)
18. Funeral director ellera & Campbuy.	Meens of injury Injured at work?
Address Selve String TOHIL 8	Jean & I Broschart M. O.
5/2 3 1/2 A Will A PIRU	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar)	Address Justhaling had Date signed 5-23.4



John South

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CATE	OF	DEATH	Reg. Dist. N

				Reg. Dist. No. mm.x
1. PLACE OF DEATH: countyMontgomery			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED:
City or town	da (rura]	RURAL and give nearest town)	State DeC Council City or lown (If outside city or town limits	
How long in above place of death? Hospilal, institution, or sireet addres US Naval Hospit How long in hospital or institution?	al, Bethe	red:	Street No. 1251; Queen St., (If rural, give WW II	N.E.
3. (a) FULL NAME	ENES, Ber	Charles,		3. (b) Social Security Number
4. Sex 5. Color or r	US (a)Si	ngle, married, widowed, or divorced married	MEDICAL CE	ERTIFICATION 19 47 at 2:
		B.(c) If allve, give ageyears	21. I CERTIFY that death occurred on the date abo 1 May 19	47 to 5 May 1
deceased (mo., day, yr.) 8. AGE: Years Months	8 2	If less than one dayhrsmin.	esophaged bori	Dur 5 d
9. Birthplace	(Town, county, sr on Radio,	d state) Wash.,D.C.	more Dietars Leviciones	Civer (Borton) into
13. Birthplace Nev	v York		Other conditions. (Include pregnancy within 3 r	venctor white 72
13. Bittiplace	lustria		Major findings of operations	ate of open A. A. A. A.
16. Informant wife: Mrs. Address 1254 Queen	St., N.E	.,Wash.,D.C.	PHYSICIAN: Please naderline the cause to wh	hich desth should be charged statistically
(Burial, cremation, or removal, Cemetery or crematory, Arl-	Which?) Lington Na	fereof 5-8-47 (month) (day) (year) tional	Accident, suicide, or homicide	Date of
LocationArlington	CHAMBERS	P.J.K.	Injured at home, farm, industry, public place (will Means of Injury	Injured at work?
Address 11,00 Chapin 19. 5-5- (Date rec'd by registrar)	47 Mary	The lotte sunty	USNH Bethesda. Md.	Condr. (MC) USN M. D. or other Date signed

Street No. 125h Queen St., N	OCATION)	
2.(a) If velorth, name war. WW II	***************************************	
	3. (b) Social Security N	umber
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH 5 May	19.47	at 2:30 Am
21. I CERTIFY that death occurred on the date above		
and that I last saw h imaliye on 5 1	17 6 Say Jay	19.447
Immediate cause of death temorrha	Le Done	DURATION
esophaged travi	600	
Due to Circlaria of the	ives (Prital)	imbaroun
Children 1 d	ncombile	several years 72 hour
(Include pregnancy within 3 m	- Consider of acrosic	Law Chargen
22. VIOLENCE: If death was due to external caus		
Accident, suicide, or homicide		
Whers did Injury occur?(City or town)		(State)
Injured at home, farm, industry, public place (whe		
Means of Injury 23. SIGNATURE P. R. ENGLE, O USNH Bethesda, Md.	Injured at work?	rother

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contect as is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

RECEIVED

MAY 16 1947

GUREAU V.

MARGIN RESERVED FOR BINDING

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04167

CERTIFICATE OF DEATH

216

	1105	
1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months 4 days Hospital, instilution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 months, 4 days	State D.G. County City or town Washington, (If outside city or town limits, write RURAL and give nearest to Streef No. 619 L Street, N.E. (If rural, give LOCATION) 2.(a) If veleran, name war.	own)
3.(a) FULL NAME HOLMES, William Samuel	3. (b) Social Security Numb	er
4. Sex Scolor or ce S.(a) Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH	1:10A
6,(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 18 April 1890	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 18 47 to May 15 and that I last saw h im alive on 15 May	om 19. 47.
8. AGE: Years Months Days If less than one day 57 0 27 hrsmin.	7	weeks
9. Birthplace Washington, D.C. (Town, county, and state) 10. Usual occupation. unamployed 11. industry or business	Due to CARCINOMA UF BLADDER Due to	lyenr
E 12. Name Holmes, Samuel dec.	Bither conditions. Browchopneumonia (Include pregnancy within 3 months of death)	week
14. Malden name Randolph, Elizabeth dec. 15. Birthplace Va.	Major findings of operations. CARCINCMA OF 13440	DER 1941
16. Informant sister: Mrs. Marie Janifer Address 619 L St., N. E., Wash., D. C.	Autopsy results. CARCLOOPEN OF DANDER PHYSICIAN: Please underline the cause to which death should be charged statistic	
17	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Arlington National Location Va.	Where did Injury occur?	te)
18. Funeral director We Ernest Jarvis 275	Means of Injury Active City City City City City City City City	Carrie
Address 1432 U St., N.W., Wash., D.C. 19. 5-15 19 47 Mary Charlotte Smith Registrar	R. E. FATGERALD, Lt. (jg) M. D. or othe USNH Bethesda, Md. Bate signed 5-1	MC USN
(Cate rec'd by registrar) Registrar	Address Date signed	Z41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			2 /	
Dan	Diet	BI.	216	

1. PLACE OF DEATH: County 4- West Melrose St.				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
	444			3.0		
Ch. Ch. Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?						
				City or town Ch. Ch.	a, write RURAL and give ne	arest town)
Hospital, Institution	n, or street address where	death occurre	ed:	Street No. 4- West Melr		
	······································			(If rural, give		******************
	al or institution?	*************		2.(a) If veteran, name war		
3. (a) FULL NA	AME	F	rank Wheeler	Hornbrook	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
M	W	Wij	Ldowed			4.40.0
	Ann	a K	. Hornbrook		1ay 1947	
	and or wife			21. I CERTIFY that death occurred on the date ebo		
7 Blob data 4		6.	(c) If elive, give ageyear	1 May 19		
deceased (mo., d		5- 19	375		/	
8. AGE:	lears Months	Days	If less than one day	Immediate cause of death Acute Myacard	inl	DURATIO
71	Market Inc.		hrsmin	decompensation		
O Distriction	Evansville	. Ind		Due to Cause undete		
9. Birthplace	(Town,	county, and	state)	Due to	C. A.I. I.I. [J. C., L.]	***************************************
10. Usual occupati	on Phy	Retir	red	- I	***************************************	***************************************
11. Industry or bus	Iness	Till.		Due 10	***************************************	**
質 12. Name S	aunders R	. Hor	nbrook	Other conditions ASCITES, PUIM	anary edema	** *********************
13. Birtholace	Ohio					• • • • • • • • • • • • • • • • • • • •
8		1277 : 9		(Include pregnancy within 3 r	months of death)	
0	·	_	er	Major findings of operations		
	<u> </u>				Date of op.	
18. loformant S.	aunders R.	Horr	ibrook	Autopsy results.		************
Address	4 West Mel	rose	Ch Ch. Md (Son	PHYSICIAN: Please underline the cause to wi	nich death should be charged	statistically.
-	oval			22. VIOLENCE: If death was due to external cau	ises, fill in the following:	
(Burial, cremat	tion, or removal. Which?)	Date the	reof. 3/3/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crem	natoryGlenwo	odCe	<u> </u>	Where did injury occur?	(County)	(State)
Location	Wheeling,	W.	Va.	Injured at home, farm, industry, public place (wi	A A A A A A A A A A A A A A A A A A A	
	21,02	1 2/	an Co	Means of injury	Injured at work?	
18. Funeral directo	the 8 -		7/1/	PO D	00 10 /	1. O
Address 24	01-14		Zew	23. SIGNATURE TEURI	KOLORB.	n.d.
19. 3/ 3	3 1947		Jm Elobeo			or other
(Date rec'd by	registrar)		registrar	Address 372/ Lngo man	SV. Date signed.	L. My
				ישוע וייונעייי		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

THE SECURE AND DESCRIPTIONS note the control of the Secondar antique CASTE WITTERSONS ASON S PERSON COLL d. Butters / Eggs

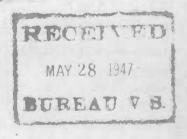
3 February L. Harres J. P.



Evidence for the addition of MARYLAND STATE DEPARTMENT OF HEALTH tems 4,5,6 shown on

04169 216

E OF DEATH	Reg. Dist. No	
2. USUAL RESIDENCE (HOME) ((For newhorn infants give residence of	OF DECEASED:	
State Virginia co	ounty	***************************************
City or town Shaned City or town limit		
Street No. R.R. T. (If rural, giv	e LOCATION)	************
2.(a) If veteran, name war		
	3. (b) Social Security Num	mber
MEDICAL C	ERTIFICATION	35
20. DATE OF DEATH 17724 24	19.47 at	
21. I CERTIFY that death occurred on the date at	pove stated; That t attended deceased	from
21. I CERTIFY that death occurred on the date at	47 10 2 4 may	1 1947
and that I last saw hathalive on	24 may	19 4 7.
Immediate cause of death		DURATION
Due to.		***************************************
Due to		
Bther conditions Browning	neumonia,	2 days
Bither conditions Browning (Include pregnancy within 3	months of death)	
Major findings of operations More		
7,		
22. VIOLENCE: If death was due to external ca		
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County) (S	tate)
tnjured at home, farm, industry, public place (v	where?)	***************************************
Maans of Injury	Injured at work?	
		1



especially PLAINLY, is especially

WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

C4170

	E OF DEATH Reg. Diat. No. 7/6
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mys - Becelale L. Seuleur 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Feinale white divorces	20. DATE DF DEATH. 71.45 P.M
6.(c) Name of husband or wife 6.(c) If allve, give age	and that i last saw h. e. Y. alive on 5-3/47 19. Immediate cause of death. Cororary Occlusion 17 days Due to Cororary Cirteroschuse 2 1910
10. Usual occupation	Other conditions Orfereuselessus, general 5 450. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 17. Build Date thereof. (month) (day) (year) Cemetery or crematory.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 18. Funeral director SH Thurs CO- Address 2901-144 Ruw 19. 5/3/ (Dave rec'd by registrar) 19. 77 Thur Eleo Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE

PROBLYBID

JUN 5 1947

BUREAU V 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04171

CERTIFICATE OF DEATH

Reg. Dist. No. 216

City or town. Bethesde (17 outside How long in above place of deat WSNH, Bethesde USNH, Bethesde How long in hospital or institution.	1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month 3 days Hospital, institution, or street address where death occurred: USNH, Bethesda, Maryland How long in hospital or institution? 1 month 3 days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County City or town Washington, D. C. (If outside city or town limits, write RURAL and give nearest town) Street No. U. S. Naval Magazine, Bellevue (If rural, give LOCATION) 2.(a) if veteran, name war	
3. (a) FULL NAME JERVEY.	Jean	Webb		3. (b) Social Security Number	
4. Sex 5. Co		3)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female wi	hite	widowed '	2D. DATE DF DEATH 10 May	19 47 at 7:00 Pm	
7. Birth date of	6.(b) Name of husband or wife unknown 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 22 Nov. 1868			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Years		ays if less than one day	Congestive Heart Fails	ure with uremia	
9. Birthplace,	usewife		Due to Hypertensive Hear	t Disease	
Turblood W 12. Name. ECWA: 13. Birthplace 14. Malden name. Man 15. Birthplace New	rd C. Webb New York		Other conditions		
H 14. Malden name. Man		đ ⁱ	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. informant daught		ean J. Quintard zine, Bellevue, D.C	Actors y results		
Burial (Burial, cremation, or re	17. Burial Date thereof 5-13-17 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Lukes Church			uses, fili in the following: Date of	
2072 15	W. Chamber	Virginia s <i>Ym </i> J , Wash., D. C.	A Jouen	Injured at work?	
Address 30 (2 11) 5 - 10 - (Date rec'd by registrar			Traini Datharda Md	M. D. or other Date signed 5-10-47	

MAY 20 1947

BUREAU 6 8

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1318

04211

			4	14	1
Reg.	Diat.	No.		, 1	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Mont gomery	(For newborn infants give residence of mother)
City or town. I a K m a large RURAL and give nearest town)	State
(If outside city or town fimits, write RURAL and give nearest town)	City or town (12 outside city or yown ilmits, write RURAL and give nearest town)
Hospital, Institution, or street address where death, occurred	Street No. 930 2ngraham S11 n. W.
Washington Santariam & Hosp. tal	Street No. 9.30 In graham 51 n. W.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Merrit S. Oewell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male cauc Married	20. DATE DE DEATH May 4 1547 21 5:304. M
6.(b) Name of husband or wife Law Law Dewell	21. I CERTIFY that death occurred on the viate above stated: that I attended deceased from
	May 2 1947, 10 may 4 1947
7. Birth date of	and that I last saw h. in alive on may 3 1947
deceased (mo., day, yr.) July 11 1896	Immediate cause of death
8. AGE: Years Months Days If less than one day	Stoutrulo nepliritie seventycar
54 7 23	
9. Birthplace 11 ont Co. Mary lond - (Town, county, and state)	Due to
10. Usual occupation. Taxi Driver	
11. Industry or business Own business	Due to
12. Name Robert F. Sewell 13. Birthplace Kent Co. md.	Dther conditions
14. Maiden name Hattie Eads	(Include pregnancy within 8 months of death)
15. Birthplace //ent co. md.	Major findings of operations.
P. O	gategof op.
16. Informant Records - washing ton Son VHO	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Takomal Park md-	
17. (Burial, cremation, or removal, Which?) Bate thereof (mosth (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemetery or crematory florigated Hell	Where did injury occur?
Location Washington DC	Injured al home, farm, industry, public place (where?)
18. Funeral director Additiones Co	Means of Injury Injured at work?
Address 2901-14 ST WW	Hotel a Chideline in &
2005	28. SIGNATURE
(Date rec'd by registrar) (Date rec'd by registrar)	Address String and Bate simul 5-4-47

MAY 7 1947 BUREAU V 8

3000-1421 MW

correct age PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Inbeq is especially important. Physicians: please write the causes of death clearly and legibly

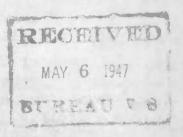
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940 CEDTIFICATE OF DEATH

0417214

			CERTIFICAT	E OF DEATH	Reg. Dia	t. No
1. PLACE OF DEAT				2. USUAL RESIDENCE (HO (For newborn infants give res	ME) OF DECEASED:	
						romerv
City or town	ver Spri	its, write R	URAL and give nearest town)	stale Maryland county Montgomery		
How long in above place of				City or townSilver	OPPINE	nd give nearest town)
Hospital, institution, or str	eet address where di	eath occurred		Street No. 8317 Drape		
8317 Dr	aper Lar	ie	***************************************	(If rural, give LOCATION)		
How long in hospital or In-	stituiion?			2.(a) If veteran, name war. VOI	ld War 2	
3. (a) FULL NAME				<u> </u>	3 (b) Social	Security Number
(a) 10 - 1 - 1	1	R.		1	095-10	
4. Sex 5	Coint or race	S (a) Single	married widowed or divorced	relye.		
9. SEX	, color of face	0.(0)0	A state of the sta	MEDIC	CAL CERTIFICAT	ION
male	White	ma	rried	20, DATE DE DEATH Mary		19.5.7 at / 40 A.M
6.(b) Name of husband or	Eller	1		21. I CERTIFY that death occurred on t	he dafe above stated; that I a	tended deceased from
Committee of the second				Dep med,		19
7. Birth date of			e) If alive, give ageyears	and that I last saw halive on	con cas	<u></u>
deceased (mo., day, yr.)	Aug. 1s	st. 19	910	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	smmcuiste Clase of General		dend
36	9	3	hrs min.	Cormany o		Sandola La
9. BirthplaceNew	York Ci	ty	utate)	Due to		J.
			l Oil Sta.			
		esda		Due to		
11. Industry or business		1977				
	-	ge		Other conditions	***************************************	•••••••
	Ireland			/Indiade programmy	within 3 months of death)	
14. Maiden name	Mary Cor	iher				
O as National T	reland			Major findings of operations		
						of op
16. Informant	Walter	.GB	rown	Antopsy results		he charged statistically.
Address 1518	East We	st H	yway.			
		200		22. VIOLENCE: If death was due to		
17. Remova	removal. Which?)	Date ther	eof 5-5-1947 (month) (day) (year)	Accident, suicide, or homicide		ite of
Cemetery or crematory				Where did Injury occur?(City	or town) (Coun	ty) (State)
New	Dorn. St	aten	Island, N.Y.	Injured at home, farm, Industry, public		
	1		imphrey.	Means of injury	Injured a	
18. Funeral director				1-1	Burchaes	0 sor. J.
Address Silv	er Sprin	ig, Mi	aryland.	23. SIGNATURE.	garel Mina	
19 may 5	19.47	2000	phine Mychae	fle is the		
(Date rec'd by regis	trar)	//	Registra	Address Jan France	J. Had	late signed 5- 4- 47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Minty makes	
(If outside city or town limits, write RURAL and give nearest town)	State Many County Delay
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred:	SHOOT TO GROYDON! MK BLUD.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
J. (6) 1000 Minu	
Wade 7. Kendal	213-14-9136
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MIDOWED	M 2
	20. DATE OF DEATH May 24 19 42 at give A M
8.(b) Name of husband or wite. HATPIE	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
2424	19 to 19
7. Birth date of T - 1893	and that I last aaw halive on
deceased (mo., day, yr.) DEC-27-1883	Immediate cause of death DURATION
8. AGE: Yeara Months Days If less than one day	
63 4 27hrsmin.	2
	Cronay Whisian dead
9. Birthplace Loundown Co. Va.	Due to
(Town, county, and state)	
10. Usual occupation CARPENTER	
	Due to
11. Industry or business	
12. Name AMOS F KENDALL.	Dther conditions
13. Birthplace V 12.	
# 14. Maiden name MARTHA A SKILLMAN.	(Include pregnancy within 3 months of desth)
E 14. Maiden name.	Major findings of operations.
14. Maiden name MARTHA R SKILLTAN. 15. Birthplace VA.	Date of op.
16. Informant MRS WILLIAM ERTTER	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address RFD. Z ROCKUILLE - MO	as VICETRATE II do the conduction of the failure of
BIRINI MAY 27 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or GEMESTNUT GROVE	Whera did Injury occur?
Location HERNOON FAIRFAX Co. VA.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Warne & Pumpshing.	Meana of Injury injured at work?
To. Tunetal director management	Thank J. Brownhant M. J.
Address Salves Spring , gold	
V a.RAD	23. SIGNATURE. M. D. or other
19. S - 2 d 19.47 USlavinary (Date roc'd by registrar) Registrar	Address Jaisher lang Date signed Med
(Date roc'd by registrar)	Address Date signed Date signed

RECEIVED

MAY 2847

MONTGOMERY COUNTY HEALTH DEPTA

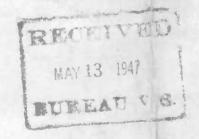
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MAY 29 1947

BUREAT T 3

Evidence for the change of

E OF DEATH	Reg. Dist. No
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Count (if outside city by town limbs, Street No. (If rural, give L 2.(a) 11 veteran, name war.	write RURAL and give nearest town)
	3. (b) Social Security Number
20. DATE DF DEATH 22. I CERTIFY that death occurred on the date above	
Immediais cause of death flaughster	Heart Failure DURATION Sclerosis
Other conditions Carcinatian (Include pregnancy within 8 mo	
Major findings of operations	
22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	
injured at home, farm, industry, public place (when Meens of injury	
23. SIGNATURE Pauring	of alder M. D. or other D. Men 1945

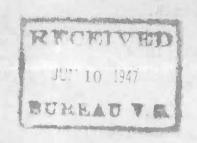


MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 46 2

CERTIFICATE OF DEATH

04175 Reg. Diat. No. 14

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Montgomery
City or town	
How long in above place of death?	City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)
HXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Street No. 214 Granville Drive
P10140-100000000000000000000000000000000	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ella Kieny	none
4. \$sx 5. Color or raca 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION ~ 30
female white widowed	20. DATE DE DEATH MAY 3/ 1887 at / P
6.(b) Name of husband XXXX William E.	21. I CERTIFY that death occurred on the data above stated; that Lattended daceased from
	Oct. 29, 1046 to May 31 10 X7
7. Birth date of	and that I last saw h. on alive on May 20 1 18 4 7
deceased (mo., day, yr.) Nov. 11th. 1874	Immediate cause of death
8. AGE: Yeara Months Days It less than ona day	Yoxemia 7 mo
72 6 20min.	
9. Birthplace	Due to Carrenorua Signaid
1B. Uaual occupation Retired Housewife	
11, Industry or business	Due to
≝ 12. Name William Mosbeyy	Generalis ed Communications
13. Birthplace Unknown	(Include pregnancy within 3 months of death)
量 14. Maiden name Unknown Gosnell	Co
14. Maiden name Unknown Gosnell 15. Birthplace Unknown	Major fiedings of operations. Date of on Oct 291946
16. Informant Mrs. Howard A. McCloskey	Autopsy results
Address 214 Granville r. Silver Spg.	22. VIOLENCE: It death was due to external causes, till in the following:
Burial Burial Bate thereof June 4th. 194 (Buriat, eremation, or removal. Whieh?)	Accident, auicide, or homicide
Cemetery XXXXXX Arlington National	Whera did injury occur?
Location Arlington Co. Va.	Injured at home, tarm, industry, public place (where?)
t8. Funeral director Warnes & Pumphney	Msans of injury Injured at work?
Address Silver Spring, Md.	Colonia to house ball
" June 2 " Y meale The Ochard	23. SIGNATURE M. D. or other
19 Date ree'd by registrar) Registrar	Tractions 1801 Cyc It U.le beach D. Posto signed 5/31/47



9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

C4176

CERTIFICATE OF DEATH

Reg. Dist. No. 216

4. Sex S. Color or race 6.(a) Single, marhied, widowed, or divorced 6.(b) Name of husband or wite. All	
How long in above place of death? S.I.T.C.E. J.I.T.C.E. J.I.T.C.E.E. J.I.T.C.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E	
Rospital Institution, or street address where death occurred: Size Ro. Same Rospital Ro	
Hospital institution, or street address where death occurred: SLDDY BAT HOSP, BADOLIC COXQC TOWN How long in hospital or institution? SIVICE TILL BADOLIC COXQC TOWN 3. (a) FULL NAME NA 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 6. (b) Name of husband or wite. All QLISTUS SIVICE TILL BADOLIC CERTIFIC. 7. Birth date of deceased (mo., day, yr.) DCC. 18, 18, 8, 10. 8. AGE: Years Months Days It less than one day 6. (c) If alive, give age years deceased (mo., day, yr.) DCC. 18, 18, 8, 10. 9. Birthplace. LIASHING. CONT. DCC. 18, 18, 10. 10. Usual occupation. HCLISCUS SIVICE TILL SIVICE SIVICE SIVICE SIX SIVILED SIX SIX SIVILED SIX SIVILED SIX SIVILED SIX SIVILED SIX SIX SIX SIVILED SIX SIX SIX SIVILED SIX SIX SIX SIVILED SIX	L and give nearest town)
How long in hospital or institution? \$1.11CE 51.17. \$2.40 if relevan, name war 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced 6. (b) Name of husband or wite. All all stills wildowed, or divorced 6. (c) Name of husband or wite. All all stills wildowed, or divorced 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days It less than one day 6. (c) If alive, give age years and that I last saw has alive on the date above stated; that deceased (mo. day, yr.) 9. Birthplace. Last wildowed, or divorced MEDICAL CERTIFIC. 20. DATE OF OEATH. 5 - 28 21. I CEBIFY that death occurred on the date above stated; that deceased (mo. day, yr.) 11. Industry of death occurred on the date above stated; that deceased (mo. day, yr.) 12. I CEBIFY that death occurred on the date above stated; that deceased (mo. day, yr.) 13. Birthplace. Last saw has alive on the date above stated; that deceased (mo. day, yr.) 14. Name. Solve of death saw has alive on the date above stated; that deceased (mo. day, yr.) 15. Birthplace Last saw has alive on the date above stated; that deceased (mo. day, yr.) 16. (c) Name of husband or wite. All all sat saw has alive on the date above stated; that the deceased (mo. day, yr.) 16. (d) Name of husband occurred on the date above stated; that the deceased (mo. day, yr.) 18. AGE: Years Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day 19. AGE: Vears Months Days It less than one day	
3. (a) FULL NAME (A. Sex S. Color or race S. (a) Single, married, widowed, or divorced 6. (b) Name of husband or wite. All all stills S. S. (c) If alive, give age S. S. Color or race S. (a) Single, married, widowed, or divorced 6. (b) Name of husband or wite. All all stills S. S. S. Color or race S. (a) Single, married, widowed, or divorced 7. Birth date of deceased (mo., day, yr.) Dec. S.	
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wite. A LIQLIST LIST LIST LIST LIST LIST LIST LIST	
6.(b) Name of husband or wife. All all stills the still	cial Security Number
6.(b) Name of husband or wite. ALIGHSTIS King of Sections of the date above stated; that date of deceased (mo., day, yr.) Dec., 18, 1881 8. AGE: Years Months Days It less than one day 6.5 10 hrs. min. 9. Birthplace	ATION 10
5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Dec. 18 / 8 8 8. AGE: Years Months Days It less than one day 6.5 10 hrs. min. 9. Birthplace	
19. It is in the date of deceased (mo., day, yr.) Dec. 18 / 8 8 It less than one day Months Days It less than one day Months Days It less than one day Members Months Days It less than one day Members Months Members Months Members Months Members Months Members Memb	
7. Birth date of deceased (mo., day, yr.) DCC. 18/88 8. AGE: Years Months Days It less than one day 6. Control of the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the conditions of death and that I last saw here alive on the case of death and that I last saw here alive o	7/ 4.5
deceased (mo., day, yr.) DCC. 18 / 8 8 8. AGE: Years Months Days It less than one day 6. Days It less than one day H.M.O. PERICAR DIM M. J.M. 9. Birthplace L.L. A. D. L.	
9. Birthplace Lide him at an analysis of operations. 9. Birthplace Lide him at an	DURATION
9. Birthplace Lidenty and state) 10. Usual occupation. However and state) 11. Industry or business 12. Name Due to Rupture Poster, CORDNARY Vessel Due to Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Due to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Dia to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Dia to Due to Die to Diher conditions ARTCRIO SCLEROS/L CORDNARY Vessel Dia to Die to	e
9. Birthplace	
10. Usual occupation. Halsewife 11. Industry or business 12. Name	R MINUTES
10. Usual occupationH.O.1.3.e.W.1.7.e.Due to 11. Industry or business 12. Name	
12. Name Other conditions ARTCRIO SCLEROS II. 13. Birthplace Washington D.C. Generalized 6 evere Conditions (Include pregnancy within 3 months of dea Major findings of operations.) 14. Maiden name Armelia Mayayaret Spates 15. Birthplace Cuyn berland Maryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13. Birthplace Washington D.C. Generalized 6 cuere Co. (Include pregnancy within 3 months of dea Major findings of operations.	
14. Maiden name AMELLA MAYAY PATES Major findings of operations. Major findings of operations.	
14. Maiden name AMELLA MAYAY PATES Major findings of operations. Major findings of operations.	CONARY OLLLESTON >
\$ 15. Birthplace Chyn berland Maryland	(a)
Mr. Oceanotes m. N. a. HEMB BERICARANIAN CA	ate of op
16. Informant Autopsy results.	ROMARY THROM DOSIS.
PHYSICIAN: Please underline the cause to which death sho	ald he charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the	
17. Burial, cremation, or regional, Which?) Date thereof. Date thereof. (regord) (regord) Accident, suicide, or homicide.	Date of
Cemetery or crematory St. Marys Cemetery Where did Injury occur? (City or town) (C	ounty) (State)
Location Rockville Mary Cafed Injured at home, farm, industry, public place (where?)	
18. Funeral director, Wor Leuken Flancohre Means of Injury Injury	ed at work?
Rotte I was a little with the second	1111
Address Selfus da Maria 23. SIGNATURE ASSUMBLE	M. D. or other
19. 5/29 19.47 Mm & Jobas Rollswelle hell	Date signed D8 (44-44)

RECEIVED

JUN 4 1947

BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Marly ground	
(If outside city or town limits, write RURAL and give nearest town)	State Many land county Money
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2 & W. Kirk St
20 w rails 21	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Stern M. Leen	
4. Sex 5. Color frace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col married	20. DATE OF DEATH Many 20 19 5 7 21 9 24 A. A
6.(b) Name of husband or wife Leasure Lea	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) an 1909	Immediais cruse of death
8. AGE: Years Months Days If less than one day	
38 0 20hrsmin.	Tulmonary humoratical 15 mi.
Ne	Due to Berken day Inbandoni 5 you
9. Birthplace	Suc to
10. Usual occupation Bullet	
11. Industry or business	Oue to
[[]	Other conditions
4 13. Birthplace	(Include pregnancy within 3 months of death)
HE 14. Maiden name	Major findings of operations
5 15. Birtholace	Date of op.
2.	
16. Informant	Autopsy results
Address 20 de- Kinha St. Change Change Mil	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or rerpoyal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Ben Vista	Where did injury occur?
11 -21/22	Injured at home, farm, Industry, public place (where?)
Location O O O	Means of Injury Injured at work?
18. Funeral director.	1 1 + m.J.
Address 30, W. St. M	
man 20 147 Mm & John	23. SIGNATURE M. D. or other
(Date rec'd byfregistrar)	Address Date signed 5-20-77

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct of is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

(Date rec'd by registrar)



VS A15



MARYLAND STATE DEPARTMENT OF HEALTH >

2411 N. Charles St., Baltimore

04178

CERTIFICATE OF DEATH

Reg. Diat. No. 2/6

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
George arthur Lewis.	3. (d) Botas Betarry Manuel
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male - white . Wisdoned.	20. DATE OF DEATH 12 mg - 1947 91 11:50 Am
5.(6) Name of husband or wife 7 Lovens Bell Crueford	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	17 march 1947, 10 12 may 1947
7. Birth date of deceased (mo. day, yr.) Proced 18 18 5	and that I last saw h i 177 alive on 10 may 1 19.47
	Immediate cause of death
	1. mgosardial - clegeneration _ 2 mechs.
	2. Pneumonia. 1 weeks
9. Birthplace. Likknann (Town, county, and state)	Due to Carrennes of the Rever 1
10. Usual occupation advertiging Executives	Due to
11. Industry or business - : adamskiz inner.	
12. Name Albert Honn Lews	Other conditions. Calcula multiple
13. Birthplace Barlow Mass	(Include pregnancy within 8 ponths of death)
E 14. Maiden name 3 Hunten	Major findings of operations.
15. Birthplace Cankingon.	major regards or operations
16. Informant Calbert C Jemis - son.	Autopsy results.
Address 34 Quinn St. ch. ch. md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
10. Y	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Leutland md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jos Gawlen Sons	Means of Injury Injured at work?
Address 1756 Penn ou, 7.W	alm h Bell m.D.
19. 5/12 1947 7pm & John	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 7 7.36 Grengeton Pd - Bethoods - Date signed 12 may 4.7.



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9-45-15 M VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County management	(For newborn infants give residence of mother)
City or town	State Maryland County Battimore
(14 officers of the second of	City or town
How long in above place of death?	
Rospiral, institution, or street states where team organized	Street No. 1702 E wtow Y laca
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Miss BERTHA.	Liston
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	05/
Female White Single	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that trattended deceased from
	(11-36 47 11119 11)
7. Birth date of	(11116
deceased (mo., day, yr.) Tan. 8, 1877	
8. AGE: Years Months Days It less than one day	Immediate cause of death
0. 102	Julionary suboline I day
70 70 4 0	<u> </u>
9. Birthplace	Burgonche
(Town, county, and state)	Furnoma 8day
10. Usual occupation. Que manages	Due to
11. Industry or business	-0 10
# 12. Name Edmond Liston	ne Ala-Lee Thrond
E 12. Name	Other conditions New plantie (mysoco) (malignancy sheatingable)
13. Birthplace Lendenson	(Include pregnancy within 3 mg) the of death)
# 14. Maiden name Olmina Jane Callalan	
14. Maiden name Olmina Jane Callalan. 15. Birthplace & Danie	Major findings of operations.
21 15. Byrinplace & Standard	Date of op.
16. Informani Mes. J. W. M. ORDER (courses)	Autopsy results. as above.
Address 4613 Ch. Ch. Band, Oste, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide
Cometery or crematory Caday Hisea Commentery	Where did Injury occur? (City or town) (County) (State)
	(City or town) (County) (State)
Location Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Wt Reuben Tumphrey	Means of Injury
	6 / / 1 11 /
Address Beehenda, ml	or DIONATURE Co. J. / James fresh
5/10 47 7m & Johnson	23. SIGNATURE M/D, or other /,
19. (Date rec'd by registrar) Registrar	Address Strassy flex Oate/signed 5/10/47

MAY 13 1947 BUREAU V B

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VS A15

MARYLAND STATE DEPARTME	NT OF	HEALTH

2411 N. Charles St., Baltimore

930

04180

CERTIFICATE OF DEATH

er Dist No. 216

		Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of		
county Mantgomeny	State Maryland Cou	10	nery
City or town	10 .1 1		/1
How long in above place of death? Q// life in Contity 2 D >> 6	City or town. Carther SG	, write PURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	Street No.		
Suburban Haspilal	(If rural, give	LOCATION)	
How long in hospital or institution? 2 days 22 hoves	. 2.(a) If veteran, name warNO	•••••	
3. (a) FULL NAME		3. (b) Social Security 1	lumber
Richard T. Lowe		None	
4. Sex 5. Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CE	ERTIFICATION	90
M W married	A.1	26 47	C/5
	20. DATE OF DEATH		
6.(b) Name of husband or wife Bertha Loase	21. I CERTIFY that death occurred on the date abo		
	s19		
7. Birth date of deceased (mo., day, yr.) July 25 1885	and that I last saw hative on		19
8. AGE: Years Months Days If less than one day	CORONARY OCLU		DURATION
66 10 4min			***************************************
	Due to ARTERIO Scherotio	Heart	
9. Birthplace M. a. M. T. Ganty and state)	Due to AKI CASE		***************************************
10. Usual occupation Milk TRUCK DRIVER	1.55112		
iu. usuai secupationalisti.	Due to		***************************************
11. Industry or business	Dther conditions HNPLRTCN31.	e CARLID	***********
		Le cystiTis	
2 13. Birthplace Montgomery County Me	(Include pregnancy within 3 r	nenths of death)	
14. Maiden name Cara Rebecca Relby	Major findings of operations		
\$ 15. Birthplace Montgomery Co. md	_	Date of op	
16 Interment Will 1 Mes Bertha Hone	Autopsy results.		
24/3 0 11/	PHYSICIAN: Please underline the cause to wi	nich death should be charged a	statistically.
	22. VIOLENCE: tf death was due to external cau	ses, fill in the following;	
Burial (Burial, cremation, or removal, Which?) Date thereof 6/1/47 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Darnestown Church Cem.	Where did Injury occur?(City or town)	(County)	(State)
Dama ataun Manuland	Injured at home, farm, Industry, public place (wi		
Location Dar He S LOWIT, Mary Land	Means of Injury	Injured at work?	
18. Funeral director Peules Glean	- 2 11	1	10
Address Bethesda, Maryland	23. SIGNATURE 2 170	wifes on	W
19 5/30 1047 Mm E bles	B. A FO.	GOLOM. D. 3	r other
(Date rec'd by registrar)	Address TOCONCLE	Date signed	127/6

JUN 4 1947 BUREAU V B. 2411 N. Charles St., Baltimore

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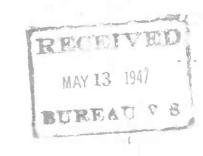
CERTIFICATE OF DEATH

276

/						
1. PLACE OF DEATH: county Montgomery			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)		
City or town. Bethesda (nural) (If outside city or town limits, write RURAL and give nearest town)		State DeC Cou	inty			
City or town(If	outside city or town	limits, write R	URAL and give nearest town)	Washington		
How long in above plan	ce of death? 19	days	•••••	City or town(If outside city or town limits	s, write RURAL and give no	earest town)
Hospital, institution,	or street address where	death occurred	:	Street No. 148 Bryant St.	N.W.	
US Naval	. Hospital,	Bethes	ida, Md.	(If rural, give	LOCATION)	/
How long in hospital or institution?		2.(a) It veteran, name war).Am.			
3. (a) FULL NAM					3. (b) Social Security	Number
	LUSKE	Y, John	. Jacob			
4. Sei	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	W-US		married	20, DATE OF DEATH 5 May	19. 47	1:27P
6.(b) Name of husban	Mr.	s. Mary	E. Luskey	21. I CERTIFY that death occurred on the date abo		
		-		April 16 19		
T. Birth date of	***************************************		e) It alive, give ageyears	and that I last saw h. im alive on	May	1947
deceased (mo., day	, yr.) 3	October	19/0	Immediate cause of death		DURATION
8. AGE: Yea	ers Months	Days	It less than one day	10 - 4 0 - 1	marin mari	4
7	6 7	2	hrsmin.			
				Due to Consecting 11	eart	
9. Birthplace	(Town	, county, and	itate)	Due to		1 man
9. Birthplace		Farence	tie	(
				Due to		
	unempl			Flant Vialus	L	10 gras
曽 12. Name	John Luske	у	dec.	Other conditions		
12. Name John Luskey dec.		(Include pregnancy within 8	, accedent			
8	Flizah	oth Wil	liams	(Include pregnancy within 8	months of death)	
14. Maiden nam	e	O.OII		Major findings of operations	,	
₹ 15. Birthplace	Md	•			Date of op	
16 Interment Wil	fe: Mrs. M	ary E.	Luskey	Antopsy results		
Address Lis Bryant St., N.W., Wash., D.C.		PHYStCIAN: Please underline the cause to w	hich death should be charged	statistically.		
Address 110	Dryant Dt.	924011-911	E_8_1.7	22. VIOLENCE: It death was due to externat can	uses, tili in the following;	
17 burial Date thereot (month) (day) (year)		Accident, suicide, or homicide	Date ot			
(Burial, crematic	on, or removal, which	on Noti	onal Cemetery	Where did injury occur?(City or town)		
						(State)
LocationAr	Location Arlington, Va.		Injured at home, farm, Industry, public place (w		•••	
18. Funeral director	18. Funeral director		Maens of Injury	Injured at work?		
Address 1400 Chapin St., N.W. 0/ Aff 1 . 1/		DW. Mulde	, Lt.(jg)(MC)	TIGNID		
Audicas		man	Charleto Smith	23. SIGNATURE D. W. MULLUER:	M.D.	or other
19 5-5	1947	Mary (harlotte Smith	USNH Bethesda, Md.	Date signed	5-5-47
(Date rec'd by	registrar	,	Registrar	1 Address.	ngie_signeo	

MARGIN RESERVED FOR BINDING

VVS A15 9-45-15M



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

04182 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County mortganing me.	State md. county montgomery
City or town (If outside city or town limits, write RURAL and give nearest town)	Silvery Spring
How long In above place of death?	(If outside city or town limit, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Name land to be selected as facilitation?	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It retelan, name war
0 -	3. (b) Social Security Number
Minna S. Manty 4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	None
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Female while Days	20. DATE OF DEATH 1/20 - 20 - 47 19 21 10 - PN
6.(b) Name of husband or wife	21. LOERTIFY that death occurred on the date above stated; that attended deceased from
& (c) If all ve. eight age years	May-19- 197 10 40y- 20- 1942
7. Birth date of deceased (mo., day, yr.) 326 29 1864	and that flast saw h allve on allve on allows on and and the saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
83 / 22hrs. min.	Texthal humorshage 2 days
	Cerchal himorkage 2days
9. Birthplace	Due to
10. Usual occupation None	
11. Industry or business	Due to
	Other conditions
12. Name Octer Musty 13. Birthplace Virginia	
	(Include pregnancy withIn 3 months of death)
14. Malden name	Major findings of operations.
≥ 15. Birthplace	Date of op
16. Informant D. Carl Many	Antopsy results
Address Selver Spring Md.	
17 Surial Bate thereof May 23, 1947	22. VIOLENCE: If death was due to external causes, till in the following;
17. (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Ross Section 1	Where did injury occur?
Location Hagestown M.	Injured at home, tarm, Industry, public place (where?)
18. Fueral director Gray W Barber	Means of Injury Injured at work?
Address Lawrille 21	Withou & Miller St 10
Auditoria Dia Contraction de la contraction de l	23. SIGNATURE M. D. or other
19 Mary 19 47 Clare 19 day registrar Registrar	garthersburg, eng 3/21/47
(Date 19 d ul religitur)	- ADDIESS

REOFIVED
MAY 24 1947
BUREAU V 8.

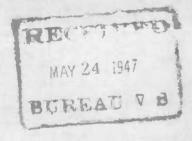
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Martin Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County. 30400 - (Prince)	State Mangland County Mandgomina
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?	City or town (If outside city or town lynits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Josephine. me ate	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Kemal white Single	2D. DATE OF DEATH. 2104 18 19.47 at 7 Pro
6.(U) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	Murentu 76, 1945, 10 May 18, 194)
7. Sirth date of deceased (mo., day, yr.)	and that I last saw h. E. D. alive on M. M. 1947
8. AGE: Years Months Days If less than one day	Immediate cause of death Antique Country DURATION
1862 85+ 4 14	viscinta disrast. 20 years.
9. Birthplace Boylla (Town, county, and state)	Due to.
1 - The Between	
1D. Usual occupation.	Due to
11. Industry or business	-
12. Name 70 MMC 3, Metale	Other conditions
13. Birthplace Ma	(Include pregnancy within 3 months of death)
14. Malden name anne muslead 15. Birthplace	Major findings of operations.
2 15. Birthplace Zud	Major hadings of operations. Date of op.
16. Informant & a. Investile	
Breed - Zerel	Actorsy resolts PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address 120104	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removai, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators of Prose Considery	Where did injury occur? (City or town) (County) (State)
Olaphen mil	Injured et home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director.	modulo or injury
Address faithurbury said	523. SIGNATURE James P. Kerr M.W.
(Date rood by registrar) (Date rood by registrar)	M, D, or other
(Date reculpy registrar) Registrar	Address Bate signed 7111



2411 N. Charles St., Baltimore

1246

04184

CERTIFICATE OF DEATH

Reg Dist No. 216

1. PLACE OF DEATH: Montgomery Bethesda (rural)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
		State Pa County	
City or town	imits, write RURAL and give nearest town)	Stonehurst	
How long in above place of death? 2 m	onths, 4 days	City or town (if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where	death occurred:	Street No. 3 Marlbourgh Road	
	Bethesda, Md.	(If rural, give LOCATION)	
How long in hospital or institution?	2 months, 4 days	2.(a) If veteran, name war.	
3. (a) FULL NAME		3. (b) Social Security Number	
McNAI	LY, John Edward		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male W-US	widowed	20. DATE DF DEATH. 1 May 19 47 21 9:30	
P. (b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I affended deceased from	
6,(b) Name of husband or wife		Feb. 27 19.117 to 1 May 19.11	
7 Pleth date of	6.(c) If alive, give ageyears	and that I last saw h im alive on 1 May 19 14	
	13, 1898	Immediais cause of death	
8. AGE: Years Months	Days If less than one day	40 kg	
48 8	18min.		
9. Birthplace Mass.	county, and state)	Due to Exophogeal Vary 4 yr	
(Town,	county, and state)	0	
10. Usual occupation. Veteran		Due to Napates Centrai 10 y	
11. Industry or business			
F 12 Name John McNally	dec.	Other conditions deceter 10 mg	
12. Name John McNally 13. Birthplace Mass.			
	mer dec	(Include pregnancy within 3 months of death)	
E	on a second	Major findings of operations.	
		Bate of op 4-20-4	
16. Informantdaughter: Miss	Katherine A. McNally	Actorsy results Variables acides Center	
Address 3 Marlbourgh F	Road, Stonehurst, Penn,	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
huri al		22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which:	Date thereof	Accident, suicide, or homicide	
Cemetery or crematory Arlington National		Where did injury occur?	
Location Arlington,		Injured at home, farm, Industry, public place (where?)	
		Means of injury Injured at work?	
18. Funeral director W. W. CHAMBERS W. J. T		W.B. Ford	
Address Georgetown,	D.C.	23. SIGNATURE W. B. FORD, Lt. (MC) USN	
man Charlotto Smith		M. D. or other	
19	Mary Sharlotte Smith	Address USNH Be the sda, Md. Date signed 5-2-47	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Une correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

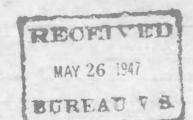
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04185 Reg. Diat. No. 223

County Control of DEATH: County City or fown Atherna (If outside city or town limits, write REFRAL and give nearest town) How long in above place of death? Hospital, institution, or stress address where death obcurred: Clashing tim Canitatium and Laspital How long in mospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Lolor or race 5.(a) Single, married, widowed, or divorced Male Cauc. Widowed B.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
Class (3/1466 S.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 16 1861 8. AGE: Years Months Days If less than one day 6 hrs. min.	and that I last saw h 200 and 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace Paales Kille Maryland (Town, county, and state) 10. Usual occupation Retired 11. Industry or business	Due to State State Spans
12. Name James F. Merchant 13. Birthplace Mary land 14. Malden name Sarah Morrison	Diher conditions
16. Intermediashing ton Sanitarium and Hospital Records Address Takoma Park, Maryland 5 - 12-47	Autopay results
17. (Burial, eremation, or removal. Which?) Cemetery or crematory. Location.	Accident, suicide, or homicide
18. Funeral director Seal Flumeral Home. Address 48/2 - Sa. asl. n. w. Mashington, D, C 19. (Date ree'd by registrar) 19. (Date ree'd by registrar)	23. SIGNATURE A TOTAL MAD or other Approximate the state of the state



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

1170

Per Dist No 223

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgonery	State District of Columbianing
City or town I a Kahna Yale K (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town Mashing to M (If outside day or town limits, write RURAL and give nearest town) Street No. 29107 2nd Street S.E. Apt. 17
Washington Sanitarium and Hospital	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mickel, Mr. Peter	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH May 19 19 47 at 7:45 PM
6.6) Name of husband or wife Dorothy E. Mickel	21. [CERTIFY that death occurred in the date above stated; that I attended deceased from
S.(c) It alive, give age 33 years	may 14 18 47 10 May 19 19 47
7. Birth date of	and that I last town Amalive on May 19 19 47
deceased (mo., day, yr.) January 18, 1905	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Carforated Peptic, Ulcer 5 days
42 4 1hrsmin.	Conderalized Peritonitis 5 1
9. Birthplace Buffalo, New York	Due to.
(Town, county, and state)	
10. Usual occupation Construction toreman	Due to
11. Industry or business Not employed recently	Due to
E 12 Name Mickel	
E 12. Name Mickey: 13. Birthplace Poland:	Other conditions
w	(Include pregnancy within 3 months of death)
14. Malden name Sorhie	Major findings of operations Property de Peptic
2 15. Birthplace Warsaw, Yoland	ulcer cperitonitis Date of op. May 15/47
16. Interment Washington Jan Y Hospital Lecords	Antopsy results.
Address Takoma Park, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Gurial, cremation, or removal. Which?) Oate thereof	22. VfOLENCE: It death was due to external causes, till in the tollowing; Accident, sutcide, or homicide
Cemetery or crematory A OCK Creek Ceessan	Where did injury occur?
Location	Injured at home, farm, Industry, public ptace (where?)
18. Funeral director 268 14 Sunsy 60	Means of Injury Injured at work?
Address 2901-14 d & A miter 8 00	Ofleringer & Slowing
May 20 1949 A Home Dods	23. SIGNATURE TO HIGH TONG ST. M. D. or other
(Date roc'd hy registrar)	Address Arlington, Va. Date signed 5-7-47

MAY 22 1947 BUREAU 5 8. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04186

CERTIFICATE OF DEATH

Reg. Dist. No. ...216

1. PLACE OF DEATH: County Mantgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Bethe sda (nural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 27 hours	State County City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How tong in hospitat or institution? 27 hours	Street No. 1131 Jackson St., N.E. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME MILTON, DeWane Lightfoot	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male Col-IIS married	MEDICAL CERTIFICATION 18 May 19 47 at 2:55 Pm	
6.(b) Name of husband or wife librs. Carrie Milton 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 12 August 1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17. May 19. 147, to 18. May 19.17 and that I last saw h. I. alive on I. M. H. Y. I. J. Y. J. Y. J. Y. J.	
8. AGE: Years Months Days tf less than one day 51. 9 6	OSIS, ARTERIOSELEROSIS 4 MONTH. (LATEST - 2-4 HOURS	
9. Birthplace Washington, D.C. (Town, county, and state) 10. Usual occupation. Cab Driver	Due to	
11. Industry or business 12. Name MILTON, Monouth dec. 13. Birthplace N.Y. 14. Maiden name LIGHTFOOT, Florence dec. 15. Birthplace Va.	Other conditions. CONGESTIVE HEART FAILURE, 4 MONTH COMPENS ATED. CEREBRAL INFARCTION (Include pregnandy within 3 months of death) Major fieldings of operations.	
16. Informant Wife: Mrs. Carrie Milton Address 1431 Jackson St. N. E. Wash. D. C. 17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Arlington National Location. Arlington, Va. 18. Funeral director W. Ernest Jarvis (7.2) Address 1432 U St., N. W., Wash., D. C. 19. May 19. 19. 17. Mary Charlotte Smithtrar	Autopsy results	



MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.
	VITH UI
VS A15 9.45.15M	PLEASE WRITE PLAINLY, V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery City or town Bethesda (miral) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 23 days Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month, 23 days 3. (a) FULL NAME MOELLER, Julius	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Va. County City or town. Vienna (If outside city or town limits, write RURAL and give nearest town) Street No. RFD #2, Box 111 (If rural, give LOCATION) 2.(a) If veteran, name war. Sp. Am. War 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH 8 May 19 47 21 9:11m
6.(b) Name of husband or wife Ethel L. Moeller 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 12 July 1884	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15. March 19.47 to 8 May 19.47 and that I tast saw h im alive on 8 May 19.47 Immediate cause of death CORONARY HEART DURATION
8. AGE: Years Months Days If less than one day 62 9 26	DISEASE
9. Birthplace. Czechoslovakia 10. Usual occupation. Guard 11. Industry or business National Air Port, 12. Name. Moeller, Julius. dec.	Due to. PRTERIOSCLEROSIS Due to Differ conditions PULMONARY INFARCTS (Include pregnancy within 3 months of death)
14. Malden name Riesner, Frances dec. 15. Birthplace Czechoslovakia 16. InformanWife: Mrs. Ethel L. Moeller	Major fiedings of operations. CORONARY THROMESSIS WITH MUDERATING L'ENPARCTON, Actopsy resulteners had been also been associated as the case to which death should be charged Mithiestics.
Address RFD #2, Box 111, Vienna, Va. 17 burial Date thereof 5-12-17 (Burial, cremation, or removal. Which?) (month) (dsy) (year) Cemetery or crematory Arlington National	22. VIOLENCE: If death was due to external causes, fil. in the following; Accident, suicide, or homicide
Location Arlington, Va. 1B. Funeral director. W. W. CHAMBERS W. J. T. Address Georgetown, D.C. 19. 5-8	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE JUDIE BRYAN, Lt. (jg)MC) USNR M. D. or other Address USNHBe the sda, Md. Date signed 5-8-1.7

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

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CERTIFICATE OF DEATH

<u> </u>	
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mant go grany	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Many found County Month go
How long in above place of death?	(If outside city or town limits, write RUKAI/and give nearest town)
	Street No. 9 4 14 Heorgia and
4414 Sloughe (melinia)	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, nams wer.
3. (a) FULL NAME	3. (b) Social Security Number
Ida S. Trullen	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white Widowed	20. DATE OF DEATH 2 20 5 1947 at 4:20
Waltace. a. Zmillen	21. I CERTIFY that death occurred on the date above stated; that t aftended deceased from
6.(b) Name of husbend or wife	1938 to May 5 1847
7. Birth date of	and that I last saw he ellive on 23704 5 18 4
7. Birth date of deceased (mo., day, yr.) Oct · 25, 1872	Immediaire cause of death. DURATION
8. AGE: Years Months Days It less than one day	agute Cardiac De: I day
74 6 10min.	Complexation
Medericles County/ Marylan	Due to.
9. Birlhplace (Town, county and state)	Due 10.
10. Usual occupation	0.4
11. Industry or business	Oue to
	Humente
12. Name William Horner fair 13. Birtholace Mew Osleans, La	Other conditions of the condit
	(Include pregnancy within 3 months of death)
H 14. Maiden name Malifall Bihenberg St. Birthplace Germany	Major findings of operations.
15. Birthplace Service	
- W. Halalan	Antopsy results.
16. Informant 12 - Lordon Red	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
Address I have your to lake	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or responsal, Which and the start of	Accident, suicide, or homicide
Mit (6 Venet) Con alone	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location delectife any any	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. M. Selahusket Jon	Means of Injury Injured at work?
Min Societ a Manuelle de	has in a contract of
Address & Messeuse, manyering	23. SIGNATURE Marion Saule M. D. or other
19 may 6 19 47 paphin on though	1,96010 Sullan or. :/5/17
(Date rec'd by registrar) Registrar	Address. Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

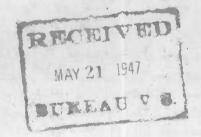
2411 N. Charles St., Baltimore

95c

CERTIFICATE OF DEATH

04191 Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Mantgomery	State Mary and County
City or town	Ch.
How long in above place of death? # Cays	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death decurred:	street No. 109 Normandy Drive
washington Sonitaxium of Hospital	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war. 10
3. (a) FULL NAME	3. (b) Social Security Number
William 13. Mullen	NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Cauc. Married	20. DATE OF DEATH
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.42 to way 18 14 2
7. Birth date of 7. A 2.	and that I last saw h im alive on may 17, 19.47
7. Birth date of deceased (mo., day, yr.) August 7 1902	Immedia same of death mon present the Ouration
8. AGE: Years Months Days If less than one day	chron hyponephrosis years
44 9 15hrsmin.	
9. Birthplace Washington D.C. (Rown, county, and atate)	Due to Osleonyelitio plije mlyeans.
10. Usual occupation Insurance Agent-and Taxi	Bue to
11. Industry or business Diamand Colo owner.	Due to.
	Other condition frema type to play bear
12. Hame Henry mullen 13. Birthplace Virginia	& hubeltension
14. Maiden name Grace Rudder forth- 15. Birthplace Washington S.C.	(Include or knaney within 3 months of death) Major fiedings of operations.
15. Birthplace Washington D.C.	Major hodings of operations. Date of op.
18. Informant Records - washing ton San & Hospital	Actory results as about
	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
7	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17. Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or oremetery FORT LINCOLN:	Where did injury occur?
Location PRIACE GEORGES Co- MO	Injured at home, farm, industry, public place (where?)
18. Funeral director Worner & bumpsquey	Means of Injury thjured at work?
Address SILVER SPRING-1874	23. SIBRATURE / Chidelius Und
19. Way 19 1947 Fifthm Dall (Date ree diffy registrar) Registrar	Address silver Spring and Date signed 5-17-47.



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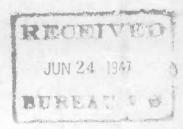
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83d

CERTIFICATE OF DEATH

	TOS. Disc. Townships
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mil County Mant -
(If outside city or town finits, write RURAL and give nearest town) How long in above place of dealh?	Cily or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Brookeville 122
Money Co. In Nospila fre	(If rural, give LOCATION)
How long in hospital of institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple White Smile	20. DATE DE DEATH MAY 21 4 5 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 4 7 18 18 18 18 18 18 18 18 18 18 18 18 18
	21. I CERTIFY that death occurred on the date above stated; that I eltended deceased from
5.(6) Name of husband or wife	Jan 1 - 1937 10 May 21 1847
7. Sirth date of 7. Sir	and that I last saw h. Of allve on May 3/
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
68 10 14min.	Stemplegea
9. 8irthplace Montgon Co Hoste	Bue to Hyperleusian 10 yr
(fown, county, and state)	70
10. Usual occupation.	Due to
11. Industry or business	
12. Name 12.	Dther condilions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary & Custis 15. 6 irthplace Treflerick & 5 2ml	Major findings of operations. Two
Z 15. 6irthplace Yestleson	Bale of op.
18. Informant Co. A. C.	Autopsy results
Address Junshim M Ch	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or creationy	Where did injury occur?(City or town) (County) (State)
Location Oliver 2mg	Injured at home, farm, Industry, public place (where?)
18. Funeral director Roy W Barban	Mesns of Injury Injured at work?
Addréss af Consuille mos	Chashsimbleson
19. May 22 1947 Gestudits Lawle	23. SIGNATURE M. D. of M. D. o
(Date ree'd by registrar) Registrar	Address andy Jonney Date signed 124 145



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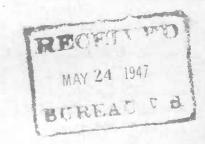
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No. 276
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For yewborn infants, ever residence of mother)
County	State May Wand County Dung Manuely
City or town	100
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Sulvivan Haspital	Street No. 2 4 Spirit (16 rurn), give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mys-Mary E. Odom	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temal while married	20. DATE OF DEATH. MAN 19. 47-21 5.35 M. M.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above status; that laftended deceased from
5. (c) If alive, give age years 7. 8irth date of	and that I fast say h
decessed (mo., day, yr.) QC - 2/, 1876	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	acute cardese usufficiency I wa.
10 1 1hrsmin.	
S. Birthplace (Town, county, and, state)	Due to Chr. Englishment
10. Usual occupation April Service	heavy blessand
11. Industry or business	Due to
12. Name Dieple Ewell 13. Birthplace Princes Open Co Va	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
\$ 15. Bigthplace Princess agus to Va	Date of op.
16. Interment Mrs - margaret Culley	Antapsy results.
Address 214 Spraina St-Ch. Ch. Md-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brieg - Thamit (Bate thereof May 18, 1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur?
Cemetery of Crematory	(City or town) (County) (State)
Location	Msens of Injury Injured at work?
18. Funeral director. W. San January 18.	80013 1.05
Address 6 Maryland , Maryland C	23. SIGNATURE
19. 5/8 19.47 Im E Johnson	Address Betherla, Wed Date signed 5/18/15)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Street No.	
(If outside city or town limits, write RURAL and give	State Monfaud county honoromen
	(If outside city or town limits, write RURAL and give nearest town)
(**************************************	(If rural, give LOCATION)

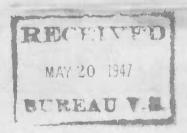
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infant give residence of mother
(If outside city or town limits, write RUR Lland give nearest town) we long in above place of death?	City or town
w long In hospital or institution?	(If rural, give LOCATION) 2.(a) It veleran, name war
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
male Colored Widowed	2D. DATE OF DEATH May 15 19. 47, 21. 3:44 P
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9
Birthplace	Due to. Hypentensive heart disers 104 cm. Due to. 154 pentension 155 miles Other conditions
13. Birthplace 14. Maiden name Sarah Offitt 15. Birthplace monty. Co. I and 6. Intermant Offitte	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op. Actorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Date thereot. (Burial, crematory. Cemetery or crematory. Constitution. Date thereot. (month) (day) (year) Cemetery or crematory. Constitution.	22. VIOLENCE: if death was due to external causes, till in the tollowing; Accident, suicide, or homicide
8. Funeral director R	Meane of injury Injured at work?
	and the same

1 /8 19 47 Mrs E.P. Thompson

1 by registrar)

Qu. L.S. Buddtte Registrar

M. D. or other



RECEIVED

MAY 1947

MONTOGMERY COUNTY MEALTH DEPT. The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The defeated is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

460

04195,4

HUA NO. G 11U JUN 4 1947	Reg. Dist. No.
1. PLACE OF DEATH: Tomby County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL are twe nearest town)	City or town (If outside city or town mits, write RUKAL and give nearest town)
How long in above place of dealh?	2112 26 11 5
	Street No. 9.11.0 - 50 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME Minnie E.	Aaden 3. (b) Social Security Number
4. Se1 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. W. Widowed	20. DATE OF DEATH 100 20 1547 21 11 00 1
8.(b) Name of husband or wife	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Capsal 10 1947 10 May 26 1847
7. Birth date of deceased (mo., day, yr.) January (o. 1949 1871	and that last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Dularion
76hrsmin.	
9. Birthplace Carthage missouri	Due to
(Tokin, county, and state)	
10. Usual occupation	Duo Io
	Diher conditions. Sendly
12. Name Jeange B Walker 13. Birthplace Missouries	(Include pregnancy within 3 months of death)
	17
14. Malden name Eliza Slith	Major findings of operations. Date of op.
18. Informant Joseph Ir Portgen	Antoney results. Yml
Address 300-34 St S.E. Avash D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof May 30, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Noviconi, sureles, et memore and an arrangement and arrangement and arrangement and arrangement arrangement arrangement are ar
Cemetery or crematory	Where did injury occur?
Location arluage // Lissoure	injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address 5/7- // # \$ 8. 8.	23 SIGNATURE MEN THE YOU'DE MID.
19 Mary 26 1947 Josephus School	100 3 19 0 M. D. or other
(Date rec i by registrar) Registrar	JI Address



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9-45-15M	,	WRITE
AID	(PLEASE
2	- 4	PLE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

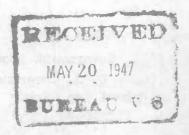
1241

04196

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County. Montgomery. City or town Bethesda (rural). (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 days. Hospital, institution, or street address where death occurred: USNH, Bethesda, Maryland. How long in hospital or institution? 2 days. 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 915 K Street, SE (If rural, give LOCATION) WW I 3. (b) Social Security Number	
PARKER, Robert Lee		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white widowered	20. DATE OF DEATH 10 KWSX May 19 47 , 21 3:50 A.M	
6.(b) Name of husband or wife widowered	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8 May 19 47 to 10 May 19 47	
7. Birth date of 7. Bir	and that I last saw him alive on 10 May 19 47	
deceased (mo., day, yr.) 11 April 1887	Immediais cause of death Alexandrhage Jan DURATION 72 hours	
9. Birthplace Virginia (Town, coonty, and atate) 10. Usual occupation Government Accountant 11. Industry or business U. S. Government 12. Name Robert Lee Parker 13. Birthplace Virginia	Due to. Diher conditions. (Include pregnancy within 3 months of death)	
14. Maiden name Lilintine Tinsbloom 15. Birthplace Virginia	Major foodiogs of operations wone reclamed	
16. Informant Sister: Nora E. Sabin Address 915 K St., SE, Washington, D. C. 17. Burial Bate thereof 5-13-17 (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide. Date of op. Date of op.	
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur?	
Location Arlington, Virginia	Injured at home, farm, Industry, public place (where?)	
ts. Funeral director W. W. Chambers Co. M. K.	Means of Injury Injured at work?	
Address 517 11th St., SE, Washington, D. C.	23. SIGNATURE PAUL R. ENGLE CDR MC USN M. D. or other	
19. 5-10-1947 man Charloth Smit	5/12/49	



"vidence for the change of date of birth is shown on MARYLAND STATE DEPARTMENT OF HEALTH G 111 8/20/47

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2D. DATE OF DEATH.

Means of Injury

Reg. Diat. No 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Montgomery Maryland Silver Spring, (if outside city or town limits, write RURAL and give nearest town) Street No. 8300 - 16th Street (If rurn), give LOCATION) 2.(a) If veteran, name war...... 3. (b) Social Security Number .1 MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2nd, 19 47 to May 24th and that I last saw h ______ alive on Immediate cause of death... DURATION Heart Failure Heart Block Coronary Occlusion (Include pregnancy within 8 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Injured at work?

1801-Eye St.NW, Wash. D. Contesting May 25/47

7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 64 Months Days If less than one day 64 hrs. m 9. Birthplace Brooklyn, New York Town, county, and state) 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O. Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.	1. PLACE OF			***************************************	
How long In hospital or Institution? 3. (a) FULL NAME DR. WALDO R.PEARCE 4. Sex Male S. Color or race Mite White Widowed 6. (b) Name of husband or wife Julia M.Pearce 6. (c) If alive, give age years Months Brooklyn, New York 10. Usual occupation 11. Industry or business 12. Name Henry O.Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash.D.C. Burial Date thereof. May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.	City or town	Silv (If outsi	er Sprin	lg, imits, write I	RURAL and give nearest town)
How long in hospital or Institution? 3. (a) FULL NAME DR. WALDO R.PEARCE 4. Sex 5. Color or race Male White Widowed 6. (b) Name of husband or wife Julia M.Pearce 6. (c) If alive, give age years deceased (mo., day, yr.) February 17, 1883 8. AGE: Years Months Days If less than one day 64 hrs. 9. Birthplace Brooklyn, New York Town, county, and state) Dentist 11. Industry or business 12. Name Henry O.Pearce 13. Birthplace New York 14. Maiden name Mary Stevens 15. Birthplace New York 16. Informant Mr.Philip D.Dudley Address 2434 - 16th Street N.W., Wash.D.C. Burial Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Location WASHINGTON, D.C.					d:
DR. WALDO R.PEARCE 4. Sex Male S. Color or race Male White Widowed 6.(a) Single, married, widowed, or divorced Widowed 6.(b) Name of husband or wife Julia M.Pearce 6.(c) If allve, give age ye deceased (mo., day, yr.) February 17,1883 8. AGE: Years 64 Months Days If less than one day hrs. 9. Birthplace Brooklyn, New York 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O.Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr.Philip D.Dudley Address 2434 - 16th Street N.W., Wash.D.C. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.	How long in hosp	ltal or Ins			
Male Sex Sex	3. (a) FULL N	IAME		DR. V	VALDO R.PEARCE
Male White Widowed 6.(b) Name of husband or wife Julia M. Pearce 7. Birth date of deceased (mo., day, yr.) February 17,1883 8. AGE: Years Months Days If less than one day 64 hrs. m 9. Birthplace Brooklyn, New York 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O. Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 — 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.	4. Sev	1.5.	Color or race		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 64 hrs. n 9. Birthplace Brooklyn, New York 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O. Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.					
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 64 Months Days If less than one day 9. Birthplace Brooklyn, New York 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O. Pearce 13. Birthplace New York 14. Maiden name Mary Stevens 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON D.C.	6.(b) Name of hus	band or w	ifeJu	ılia M.	Pearce
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 64 Months Days If less than one day 8. Birthplace Brooklyn, New York 9. Birthplace Brooklyn, New York 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O. Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON D.C.		*********		6.(c) If allve, give ageyears
8. AGE: Years 64 Months Days If less than one day 64 hrs		dav. vr.)	Febru	ary 17	1883
9. Birthplace Brooklyn, New York Town, county, and state) 10. Usual occupation Dentist 11. Industry or business 12. Name Henry O. Pearce 13. Birthplace New York 14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.					
9. Birthplace		64			hrs. min.
14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.					
14. Maiden name Mary Stevenss 15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.			n ry O. Pe	arre	
15. Birthplace New York 16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash.D.C. 17. Burial Date thereof May 27,1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON, D.C.	13. Birthplace				***************************************
16. Informant Mr. Philip D. Dudley Address 2434 - 16th Street N.W., Wash. D.C. 17. Burial Date thereof May 27, 1947 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON D.C.	14. Malden n			renss	
Address 2434 - 16th Street N.W., Wash.D.C. Burial Burial Bate thereof May 27,1947 (month) (day) (year) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON D.C.	15. Birthplace	N	ew lork		
17. Burial Date thereof May 27,1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rock Creek Cemetery Location WASHINGTON D.C.	16. Informant				
Cemetery or crematory Rock Creek Cemetery Location WASHINGTON D.C.	Address	2434	- 16th	Street	t N.W., Wash.D.C.
Location WASHINGTON D.C.		ation, or	removal, Which?)		
	Location		WASHING	CON D	
18. Funeral director martin W. Hypong 60.			artin h	Hy	
Address 1300 - N Street N.W., Wash.D.C.	Address	T200	- N Sti	reet W.	w. Wasn. D.C.
19. August 13, 19 47 Hold Fedrich	19. Date recol	registr	5 19 47	1	W. HEdrich

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			ATE OF DEATH [Filed]	2 1952 2/5 Res. Piat, No. 216
1. PLACE-OF DEATH	d: gomery		2. USUAL RESIDENCE (HOME) OF DEC	
ity or town(If outsi ow long in above place of a dospital, institution, or stre US Naval.	Be the de city or town lin leath? 29 let address where the Hospital	sda (rural) mits, write RURAL and give nearest town) hours, 15 minutes leath occurred: , Bethesda, Md. Hours, 15 minutes	State	RURAL and give nearest town
3. (a) FULL NAME	PETERSO	N, McCLIFTON (n)	3.	(b) Social Security Number
	Color or race	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERT:	
7. Birth date of deceased (mo., day, yr.)		Crecia Reterson 6.(c) If alive, give age 11 4, 1920 Days If less than one day	Immediato rause of death Mossul seret	and Spenous de tou
8. AGE: Years 27 9. Birthplace	C. (Town,	2hrs.	Due to Due to Due to Due to	
12. Name Hero	S.C.	erson s	Other conditions	of death)
15. Birthplace	S.C. Mrs. Cr		Autopsy results Autopsy results Care by PHYSICIAN: Please underline the cause to which de	
17removal (Burlal, cremation, or Cemetery or crematory			Accident, suicide, or homicide	(County) (State)
18. Funeral director	Ernest	Jarvis P. A. D. Wash Dogot Smith Many Charlotte Smith	Meens of Injury E-N: Wear 23. SIGNATURE	Injured at work?

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COPY SENT TO LOGAL REGISTRAR NO. DATE TARE

DECENA ED

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04197 Reg. Dist. No. 223

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH: Montgomeny	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)
City or town	State Massform County Houldonning City or town Dasona Task
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME RAYMOND A. PUMPH	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. MAY 24 19.47 at 15.20 A. M
6.(b) Name of husband or wife line C. Lunghsey. B.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 9th. 6, 1879 8. AGE: Years Months Days If less than one day	Immediate cause of death Duration C Mulasions C Months
9. Birthplace Description (Topkin, sounty, and state)	to line - Vays.
1D. Usual occupation	Due to
12. Name Dichard J. Pumphrey 13. Birthplace Bultimore, Md.	Other conditions leate longistime hard Factore Mach. Isday
14. Maiden name Lenknown 15. Birthplace Lenknown	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mis Haymand Charphring	Autopsy results
17 Surial (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Glenwood Cemiling	Where did Injury occur?
18. Funeral director prihas waters Address 254 Carroll Shall flush W.	Means of Injury Injured at work?
1957 2 4 19 47 ARM NOOT	23. SIGNATURE M. D. or other Address 777 along au N. U. Date Stened 5/24/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

IIIN	10	1047	TUM No	C	1	, CER	LIFICAT	E OF	DEATH

Reg. Dist. No. 216

3. (b) Social Security Number

1. PLACE OF DEATH:

7. The Solution legible.

ion carefully.

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BINDING

FOR

RESERVED

County Montgomery

Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ______ L days Hospital, institution, or street address where death occurred:

US Naval Hospital, Bethesda, Md.

5. Color or race

3. (a) FULL NAME

QUEEN, George Alexander

dec.

6.(a)Single, married, widowed, or divorced

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County Washington

(If outside city or town limits, write RURAL and give nearest town) Street No. 1609 13thSt., N.W. (If rural, give LOCATION)

4. Sex Col.US married male

5.(b) Name of husband or wife Mrs. Carrie C. Oneen

7. Birth date of November 19, 1882 deceased (mo., day, yr.)

Months If less than one day 8. AGE: 64 -65

9. Birthplace..... (Town, county, and atate)

10. Usual occupation unknown 11. Industry or business

12. Name...... 12 Name Charles Queen

Md.

14. Malden nas 15. Birthplace Martha Hopkins 14. Malden name.... Md. dec.

16 Informant Wife: Mrs. Carrie C. Queen 1609 13th St. N.W. Wash. D.C.

17 burial (Burial, cremation, or removal. Which?) Cemetery or crematory Arlington National Cemetery

Arlington, Va. 18. Funeral director W. Ermest Jarvis

U Sto, No Wash of a (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 May 19 17 at 1:20P M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Clynhosis Ponta

2.(a) If veteran, name war...

Means of Injury

(Include pregnancy within 3 months of death)

Majar findings al aperatians.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur?(City or town) Injured at home, farm, industry public place (where?)

Accident, suicide, or homicide,.....

USNH Bethesda, Md.

especially PLAINLY, is especially PEEASE WRITE

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MAY 20 1947

BUREAU TS.

information carefully. Inex of death clearly and legibly

1. PLACE OF DEATH:

county Montgomery

How long in above place of death?

(Date rec'd by registrar)

Hospital, institution, or street address where death occurred

MARYLAND STATE DEPARTMENT HEALTH X

2411 N. Charles St., Baltimor

CERTIFICATE OF DEATH

TE OF DEATH	Reg. Dist. No. 216
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
State	County Montgomery
City or town	nits, write RURAL and give nearest town)
Street No. 5621 Southw	ick Street
7 2.(a) If veteran, name war	
	3. (b) Social Security Number

3. (a) FULL NAME	REDFIEL), Charles Henr	ry, Lt.Cdr.(HC) USI	N
4. Sex	5. Color or race	6.(a)Single, married, widowed,	or divorced	1
male	W-US	man	ried 20. DATE OF DEA	TH
		Florence D. Rec	1 1/	J
deceased (mo., day, yr	"/	er 16, 1901		
8. AGE: Years		Days If less than one		L
10. Usual occupation 11. Industry or business 当 12. NameJa	Navy	county, and state)	Due to	••••
		ker dec.	Major findings	
16. Informant. Wife	: Mrs. Fl	orence D. Redfi k St. Bethesda	- PHYSICIAN PI	
17. burial (Burial, cremation,	or removal. Which	Date thereof (month) on National	22, VIOLENCE: Accident, suicide	e, (
		Va• RERS ω, J.		

Bethesda (rural

(If outside city or town limits, write RURAL and give nearest town)

		MEDICAL (ERITICAL	ION	
20. DATE OF DE	RTA	l May	••••	19.47	10:10P M
17	Jan:	h occurred on the date a UATY 1 im alive on 1	47,10	May	19.47
Immediate can	e of de	44.44.	20 .		DURATION
due fo	ev	coma	of Sug	noid (6 mo
		***************************************			Andelement
Ither conditions		de pregnancy within		~ 1:	

MEDICAL CERTIFICATION

22. VIOLENCE: If death was due to external causes, f"! in the following: injured af home, farm, industry, public place (where?)

PHYSICIAN: Please underlied the canse to which death should be charged statistically.

Means of injury

Address USNH Bethesda, Md. Date signed 5-2-47

Registrar



1. PLACE OF DEATH

How long in hospital or institution? 3. (a) FULL NAME

Years

(Burial, cremation, or removal

(Date rec'd by registrar)

Cemetery or crematory

Location ...

5

18. Funeral directo

4. Sex

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthpiace.

10. Usual occupation... 11. Industry or business

13. Birthplace

14. Maiden no 15. Birthplace 14. Maiden name

(If outside How long in above place of death?.... Hospital, Institution, or street address where death occurred:

Months

Which?)

County M. M.

C. Supply every item of information carefully. The consess write the causes of death clearly and legibly. ADING INK. Physicians: p WITH UNF important.

especially

WRITE PLAINLY is especially

PLEASE

9-45-15M

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT

or town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed,

If less than one day

E	OF	DEATH	I	Reg. Diat. No.	213
	2. USUA	L RESIDENCE	(HOME) 01	DECEASED:	
1	State	Mary	send con	y viene	
	City or tow	outside	city or town limits	write RURAL and give	nearest town)
	Street No		(If rurai, give	LOCATION)	
	2.(a) tt vet	eran, name war		1 - 41 - 4	
				3. (b) Social Secur	ity Number
٤	4			I houp '	
		^ N	MEDICAL CE	RTIFICATION	4
	20, DATE DI	DEATH	lay !	19.4.	7 at 8 A
1	21. I CERTI	FY that death occi	urred on Redate abo	ve stated; that Lattended	deceased from
	Cho!	of 1	19.5	17 10 Mai	19
1	and that I I	ast saw h. LAA	ailre on Y	щ,4:	194/
1	mmediate	canse nl death	p	16 111 1	DURATION
	سكو	The C	entread) Temonha	je Kour
		0 0	TD 501	il Selero	1.0 18110-
1	dua to	T. LAUC.	a work		

-)ua to				***************************************
		tions		***************************************	
	ither condi	IIONS	,		*******
		(Include pr	egnancy within 3 n	nonths of death)	
1	Major find	ings of operations			
				Bate of op	
7 1	Autopsy re PHYSICIA	N: Please nadert	ine the cause to wh	ich death should be char	ged statistically.
:	22. VIOLE	NCE: If death wa	s due to external cau	ses, fill in the following;	
			e	Date of	
7.	Where did	injury occur?	(City or town)	(Connty)	(State)
1	njured at h	iome, farm, Indust	iry, public place (wi	nere?)	
1	Means of in	jury	•	tnjured at work?	
-	23. SIGNAT	TURE WEST	QUO	House	OMO.

Address P.O. Bodylo

Registrar

RECEIVED

MAY 13 1947

F. REA C

BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH:

3. (a) FULL NAME

male

7. Birth date of

9. Birthplace

1B. Usual occupation... 11. Industry or business

13. Birthplace

14. Maiden name

14. Maiden na 15. Birthplace

8. AGE:

6.(b) Name of husband or wife.

deceased (mo., day, yr.)

Years

26

Va.

12. Name Robinson ?

Montgomery

How long in above place of death?.....2 months...... Hospital, institution, or street address where death occurred:

5. Color or race

Col-IIS

Months

US Naval Hospital Bethesda Md. How long in hospital or institution? _______ 2 months.

Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town)

ROBINSON, Joseph Edward.

Bernice Robinson

June 8, 1920

(Town, county, and state)

unemployed

unknown

Green. Cora

Va. 16. Informant Wife: Mrs. Bernice Robinson Address 1111 1st St., N.W., Wash., D.C.

6.(a) Single, married, widowed, or divorced

married

6.(c) II alive, give age

If less than one day

Date thereof 5-12-47 (month) (day) (year)

WITH UNF

important.

- E	Cemetery or crematory Arlington National
-45 RIT	Arlington, Va.
0 1	18. Funeral director. W. Errnest GARVIS
ASS	Address 1432 U St., N.W., Wash., D.C.
PLE	18 May 7 18 47 Mary Charlotte Smi
124147	(Date rec'd by registrar)

TE OF DEATH	Reg. Dist. No. 216
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:
State D.C. Court Washington (If outside city or town limits, street No. 1111 1st St., N.	write RURAL and give nearest town)
(If rural, give	LOCATION)
	3. (b) Social Security Number

		3. (b) S	ocial Securit	y Number
	MEDICAL	CERTIFIC	CATION	
2D. DATE OF DEATH				
21. I CERTIFY that dea	7 March	.19. 47, to	7 May	19.47
Immediate cause of di	ge inani	tion for	Comin	7
Due to	atal + lenia	m Elelan (uc] /	Maly yes
Other conditions	******************************		• • • • • • • • • • • • • • • • • • • •	4* 4* *
Other conditions	4.			
(Inch	de pregnancy withi	n 3 months of de	ath)	
Major findings of oper	rations			1-9~17
Autopsy resultsPHYSICIAN: Please	3 of perfo	med.	Date of op.	ed statistically.
22. VIOLENCE: If de	ath was due to externa	i causes, fill in th	ne following:	
Accident, suicide, or h	omlcide	***************************************	Date of	
Where did Injury occur	?(City or to	/n) ((County)	(State)
Injured at home, farm,	Industry, public place	e (where?)		
Meens of injury	B. Bende	ler H.	fg) (MC)	2/5.2.R, USNR

Registrar Address USNH Bethesda, Md. Date signed 5-7-47

MAY 30 1947 BUREAU V S.

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04202 Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
county Montgomery					
City or town. 12 Kb 22 2 Par 1 Md. (If outside city or town limits, write RURAL and give nearest town)	State D.C. County				
How long in above place of death?	City or town				
Hospital, Institution, or street address where death occurred	Street No. 2811 Woodley Rd. N.W.				
Washington danitarium and Haspital	(If rural, give LOCATION)				
How long in hospital or institution? 16 days	2.(a) It veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
William Ross					
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male White Married.	2D. DATE OF DEATH 5-16 1977 at 1.00 P. M				
8.(6) Name of husband or wife Catherine A. Ross	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
0.(0) Name of husband of wife	5-1-47 19 10 5-16 1947				
7. Birth date of D D 1 27 C	and that I last saw h analive on 5-6				
deceased (mo., day, yr.) 12ec. & 1 1010	Immediai Canse of death				
8. AGE: Years Months Days If less than one day	due to Coronaly The Jamberia				
71 7 19hrsmin.	of Fift hatering discussing John				
9. Birthplace River John, Nova Scotia	1) in Arlinch				
(Town, county, and state)	Hyperstenson I months.				
10. Usuai occupation Research Chemist	Due to Arturallusars				
11. Industry or business					
12. Name Daniel Ross 13. Birthplace Canada	Diter conditions Virutalia of signal				
\(\frac{1}{2}\) 13. Birthplace Canada	(Include pregnancy within 3-bonths of death)				
14. Malden name Mary Murray					
15. Birthplace Canada	Major findings of operations				
C. Janitera Resounds	Antopsy results. On always				
10, 10000000000000000000000000000000000	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address	22. VIOLENCE: It death was due to external causes, till in the following;				
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide				
(Burian, oreination, or retained to	Where did Injury occur?				
Cemetery or crematory					
Location	Injured at home, farm, Industry, public place (where?)				
18. Funeral director of De D. To Henry On	Means of injury Injured at work?				
Address 2901-14 A 1 20	A Has R. Much M. D.				
on Alexander	23. SIGNATURE M. D. or other				
(Date rec'd y registrar) Registrar	Addition Date signed 6 -16-47				

white to him and the



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

04203

CERTIFICATE OF DEATH

7

1. PLACE OF DEATH: M	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infanta give residence of mother)
My or town Japona) Card	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write R()RAL and give nearest town)
How long in above place of death? 25 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1022 Flower WE:
1022 Heower CIVE	(If rural, give LOCATION)
How long In hospitat or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mimmi	3. (b) Social Security Number
Marie W. Sands	(Lien)
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. Widowed	
, contract of	20. DATE OF DEATH. May 13. 19.47 21.9:05 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Lep 12 19 10 19
7, Birth date of W	and that I lest saw h allye on 19
deceased (mo., day, yr.) / tokele 12, 1865.	Immediate cause of death
8. AGE: Years Months Days It less than one day	Ammediate Chart of World.
\$2 2 / hrs	nin P -
	Commany destruction
9. Birthplace Stockhalm Sweeters	Due to
(Town, county, and atate)	
10. Usual occupation.	Due to
11. Industry or business	
The state of the s	Diter conditions Garageans left leg
El // / / / / / / / / / / / / / / / / /	TO 11 /1 TO 0 / WILLIAM
	(Include pregnancy within 3 months of death)
14. Maiden name 3 15. Birthplace Sweeden	
of Bitteline of Sweeden	major madings of operations.
-11 4 4 1 -1- 711 -41	Date of op.
16. Informant / Ses Jererule Dr. Markews	Autopsy results
Address 1022 Flower are. Jakoma Tark D.	TC(3
7.11	22. VIOLENCE: It death was due to external causes, till in the totlowing:
(Burial, cremation, or removal. Which?) Date thereot. Man 6 144 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide,
In The PS Commenterer	Where did Injury occur?
Cemetery or crematory	
Location Terma (Me Extended - Trime Georges Co. M.	. Injured at home, tarm, Industry, public place (where?)
Jakus & Kallers .	Means of Injury Injured at work?
18. Funeral director.	7.1 Frank J. Browhack Mia
Address 254 Carroll Dr. A. Napony Jak, X.	
Do 15 15 15 HIMMARON	23. SIGNATURE M. D. or other
Mars 15 19 47	Too Island Salar Street on My Rate signed 5-13-47

MAY 16 1947 BUREAU (3 2411 N. Charles St., Baltimore

04204

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 17 days. Hospitai, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month, 17 days. 3. (a) FULL NAME SAUNDERS, James Russell	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH 8 May 19 147 21 7:35A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. March 19.47 to 8 May 19.47 and that I last saw h i.m. alive on 8 May 19.47.
8. AGE: Years Months Days If less than one day 57 14 25 hrsmin.	Immediaje cause of death DURATION / Research
9. BirthplaceWashD.C	Due to. Due
14. Maiden name Alice Russell dec.	(Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Date of op. May 7, 174
16. Interment Sister: Mrs. Frank A. Law, Jr. Address 836 Varnum St., N.W., Wash., D.C. 17. burial	Antopsy results Benign third ventricle tumor (Colloid PHYSICIAN: Please underline the cause to which death should be charged statistically Cyst 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

WRITE PLAINLY PLEASE

RECEIVED
MAY 26 1947
BUREATES

W

information carefully. Not of death clearly and legible

ADING INK. Supply every item of Physicians: please write the causes

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04205

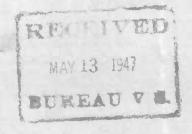
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CILM ilo.	1.79		1	U	JUH	1.	. U	17.1

CERTIFICATE OF DEATH

eg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	10 C
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	WELL SO IN SO MILL
Suburban husp:	Street No. (If rufil, give LOCATION)
How long In hospital or Institution? 23 day 3	2.(a) If veteran, name war
3. (a) FULL NAME Mettie Saigne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widoweb, or divorced	MEDICAL CERTIFICATION
F W sugley	20. DATE DF DEATH May 11 19 47 21 5 40
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	4/18 19 42, 10 5/1/ 19 47
7. Birth date of	and that I last saw h. L.Z. alive on 5/11/47 19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Clrebal lucholione
hrsmin.	
9. Birthplace TO ANOP A TOWN, county, and space of MAT NI F	Due to chronic my carbol degeneration
10. Usual occupation TOULER AL CLERK	- Legatonia Carlinaccus.
11. Industry or bysiness	Due to descine
MI LAWRENCE DANGE	
12. Name 12.	Dther conditions
# FLAN VIII AVIER	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace FENNS W/ANIA	Major findings of operations
I 15. Birthplace L N NS y /A NI A	Date of op
16. Informant Le Cord	Autopsy results
Address	
17. Campus Which? Date thereof. 5/12/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buwal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crempstory	Where did Injury occur?
land the elephonica n. A.	Injured at home, farm, Industry, public place (where?)
SXIVI men la	Means of Injury Injured at work?
18. Funeral director	1 . P
Address 2901-14 +2 Stayes Washing 9, B. C.	23 SIGNATURE Serving & Marka, m.
97 5/11 047 mm & John	M. D. or other
(Date rec'd by registrar)	Address 460/ Leland St. Date signed 3/11/47

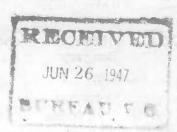


12282

CERTIFICAT	Reg. Diat. No. 6-450
1. PLACE OF DEATH: County Montgomery City or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 3 days 3. (a) FULL NAME SCHICK, Michael Jacob	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE DF DEATH
6.(b) Name of husband or wife Blanche VanLiere Schick 6.(c) If alive, give age years 7. Birth date of decessed (mo., day, pr.) February 19, 1909	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 May 19 47 26 May 19 47 and that I last sow h imagive on 26 May 19 47
8. AGE: Years Months Days If less than one day	Immediaic cause of death DOSis of Bortal, URATION y day. Lienal and Suguir mesenture
9. Birthplace	Other conditions. Herrow hagee inferction of Adays Third part of discourses, yearness and aliqui Special control of the discourse of the solution of the sol
Date thereof 5-29-17 (Burial, cremation, or removal. Which?) Cemetery or crematory. Arlington National Arlington, Vae Location 18. Funeral director Address 1400 Chapin St., N.W., Wash., D.C. 19. 5-26 19. (Date rec'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

9-45-15M Y PLEASE V SVS A15



ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legia

important.

MARYLAND STATE DEPARTMENT OF HEALTH

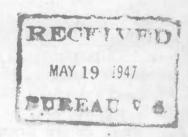
2411 N. Charles St., Baltimore

700 00

CERTIFICATE OF DEATH

04207 Reg. Diat. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	State YVIAVHIAVE County Montgomery
City or town limits, write RURAL and give nearest town)	City or town ROLES VILLE (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? T. O.L.N. Hospitat, institution, or street address where death occurred:	
Suburban Hospital-8600 Old George town Rd	Street No
How long in hospitat or institution? 5 hr. Bethresda, Md.	2.(a) If veteran, name war
3.(a) FULL NAME /Randolph	3. (b) Social Security Number
James Schultz JAMES LINCOLN	
4. Sex 5. Color or race 6.(a) Single, married, widewed, or diversed	MEDICAL CERTIFICATION 35
M IN	20. DATE OF DEATH 5-12-47 19 21 10 P. M
6.(b) Name of tradend or wife Soldie Baugher	21. I CERNIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 4.2 years	Def med gran local
7. Birth data of deceased (mo., day, yr.) JUVE 27. 1902(?)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate Case of dath
450 44 10 15hrsmin.	Later- eramial humanhay, ja
9. Birthplace Reading Pennsylvania (Town, county, and state)	Ove to fullations of skalls
(Town, county, and state) \ 10. Usual occupation \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Malafallantial)
	Oue to
11. Industry or business 12. Name 10 hy Schultz	
13. Birthplace Lebarron Pennsylvania	MV Comm says motor Vilule and
# 14. Maiden name Betsy Fokhart	(Include pregnancy within 3 months of death)
14. Maiden name Bets L Fekhart 15. Birthplace Berks Co., Penmsylvania Mrs. James Creeger	Masjor findings of operations.
16. Informant. Mrs. James Creager	Autopsy results.
Address 66 Taney Apt's., Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Gate thereo May 15, 1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, fill the following: Oate of S
(Burial, cremstion, or removal. Which?) Cemetery or crematory. Mt. Olivet Cemetery	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory Mo Tity Od Mo Trederick, Md.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. R. Etchison & Son,	
Address Frederick, Md.	23. SIGNATURE Track J. Broschart M. S.
19. 14 May 19.41 9m & Johns Registrar	Ma. D. of other
(Date rec'd by registrar)	Address Date signed 5 7 7



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

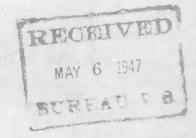
PLEASE

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CERTIFICATE OF DEATH

()42()8 Reg. Dist. No. >74

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) Street No. 8402 Ga. Aye., (If rural, give LOCATION) 2.(a) if veteran, name war.
3.(a) FULL NAME ANDREAS SCOTARAKOS	3. (b) Social Security Number none
4. Sex male white widowed, or divorced widowed s.(a) Single, married, widowed, or divorced widowed s.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Nov. 30th. 1862	
8. AGE: Years Months Days if less than one day 84 5 1hrsmin.	Cronary occlusion sudd
9. Birthplace	Due to
13. Birthplace Greece 14. Maiden name. Unknown 15. Birthplace Greece 16. Informant. Mr. 'I'om Jianos	(Include pregnancy within 3 months of death) Major fiedings of operations
Address 8402 Ga. Ave. Silver Spring. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory. Rock Creek	PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
18. Funeral director and E Completing Address Silver Spring, Maryland. 19. May 19. 47 Josephin in Phase of Registrar Registrar	injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE M. D. or other Address Address Date signed 5-1-47



7 4

GIVEN NAME: Letter from Dr. Bryan plus bapt. cer, filmed 5-22-47 GllO- LL MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 216 information carefully. The correct of death clearly and legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: county Montgomery State D.C. County Washington. How long in above place of death? 5 days (If outside city or town limits, write RURAL and give nearest town) 515 Savannah St., S.E. Hospital, Institution, or street address where death occurred: US Naval Hospital. Bethesda, Md. (If rural, give LOCATION) unknown 5 days How long in hospital or instilution?.... 3. (a) FULL NAME 3. (b) Social Security Number SELBY, Harry/(n) CHARLES HENRY 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex FOR BINDING married male W-IIS 2D. DATE DE DEATH. 6.(b) Name of husband or wite Lillian Selby 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2 May 19 47 to 7 May and that I last saw h. iMalive on 7 May .6.(c) It alive, give ageyears 7. Birth date of 27 July 1877 Immediate cause of death Coronary deceased (mo., day, yr.) It less than one day Months 8. AGE: Years RESERVED 69 Due to ARTERIOSCLEROSIS, (Town, county, and state) GENERAHZED unknown 10. Usual occupation.... 11. Industry or business Other conditions COMPLETE HEART BLOCK 12. Name Richard Selby dec. 5 Mondas 12. Name ... R ADAMS - STOKES SUNCOPE, Congestive 60 (Include pregnancy within 3 months of death) heart failure HLOW 14. Maiden na 15. Birthplace 14. Maiden name Valinda Field dec. Major findiogs of operations..... Md. Generalized Arterioseterosis, Coronary throm bosis with Actory results research and old run cartal Interiors congestive PHYSICIAN: Please underline the cause to which death should be charged statignally use 16 Informant Wife: Mrs. Lillian Selby Address 515 Savannah St., S.E., Wash., D.C. 22. VIOLENCE: It death was due to external causes, till in the tollowing; 17. burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Cemetery or crematory Arlington National Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Location Arlington, Virginia Address 2007 Nichols Avenue, S.E., Wash., D.C. M. D. or other USNH Bethesda, Md. (Date rec'd by registrar)

MAY 19 1947 DUREAU V 8.

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MARYLAND STATE DEPARTMENT OF H	IFAI TI

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157au Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	State Maryland county Montgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? & Solaris 3hcs 43 min.	City or town. (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Washington San + Hospital, Takona Pack 17, Md.	Street No. 109 Hally Que
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	
Seltzer Donna Que	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	WEDION CERTIFICATION
Fe White single.	MEDICAL CERTIFICATION
le White single.	20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
	1947 1947 1947
7. Birth date of deceased (mo., day, yr.) Opril 26, 1947	and that I hat saw h.CRalive on
8. AGE: Years Month's Days It less than one day	Immediate cause of death DURATION
128 3 hrs. 43 min.	
9. Birthpiace Takoma Park, Md; Montgamery Co.	But to halfanned bala his life, elet
9. Birthpiace Takoma tack, Md ' Montgamery Co. (Town, eounty, and state)	
1D. Usual occupationi.m.f.a.mt	ue to
11, Industry or business	B. & WT. 3 W. 7 A
# 12 Name Charles P. Seltzer.	Other conditions.
12. Name Charles P. Seltzer. 13. Birthplace D. C.	
# 14. Maiden name Mary & Pailthorp	(Include pregnancy within 3 months of death)
14. Malden name. Mary & Pailthorp 15. Birthplace Spokane, Washington.	Major findings of operations
16. Informant Daby's admission Kecord.	Autopsy results
Address	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Burial, cremation, or removal, Which?) Date thereof Man 9-1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
cometery or crematory Tearge Washington Ce metery	Where did injury occur?
90 01 11 9 11 10 6	
Location Miggs Koad + Tyattsville , MA	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	means of injury injured at more:
Address 354 Currol St. D. S. D. Star Parts Mala	Who de A have my has D
Mark 9 un Stirm Dall	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address 1 3. Canall At h W Bate stand 5. A. 47

MAY 12 1947

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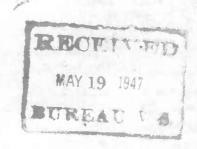
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	E PLAINLY, WITH UNFADING FUK. Supply every item of information carefully. The cois especially important, Physicians: please write the causes of death clearly and legibly.
	P. Sis
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9-4	/R
J1	=
0.45-15M	EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
4 /	A
1/	国

MARYLAND STATE DEPARTMENT OF HEALTH

04212

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State D.C. County
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	Washington
How long in above place of death? 1 month, 10 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 50 "U" Street, N.W.
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
How long In hospital or Institution? 1 month, 10 days	2.(a) If veteran, name war. WW II
3.(a) FULL NAME SHUMATE, Cecil O'Donald, Sgt. U	JSMC 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH. 8 May 19 17 at 7 A N
6.(b) Name of husband or wite. Jane Shumate	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 March 19 17, to 8 May 19 17
7. Birth date of deceased (mo., day, yr. Feb. 2, 1915	and that I last saw h i Malive on 8 May 19 47
8. AGE: Years Months Days tf less than one day	Immediate cause of death
32 3 6hrsmln.	
32 3 0	Primarez site nevere established Wide
9. Birthplace	Due to subservance module formation developed
1D. Usual occupation Marine Corps	early in the course of the disease
1D. Usual occupation	Due to bleaguers established on biopsig
11. Industry or business	left will not this became a lange
算 12. Name Jessie Shumate	Dither conditions Collections transmiss to left forearms
13. Birthplace Va.	(Include pregnancy within 8 months of death)
14. Maiden name Ada Mayer	(Include pregnancy within 8 months of death)
	Major findings of operations
	Date of op.
16. Informant wife: Mrs. Jane Shumate	Autopsy results Widesprod nelanosar com
Address 50 U St., N. W., Wash., D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, this in the tollowing;
burial Date thereot 5-12-1.7 (Burial, cremation, or removal, Which?)	Accident, sulcide, or homicide
Cemetery or crematory Arlington National	Where did injury occur?
Location Arlington, Va.	Injured at home, tarm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 1400 Chapin St., N.W., Wash, D.C.	P. R. ENGLE, Cdr. (MC) USN
man Charlotte Smith	M. D. or other
19. 5-8 19 47 Mary Charlotte Smith	Addres USNH Bethesda, Md. Date signed 5-8-47



VS A15

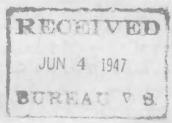
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04213 /2/ Reg. Diat. No. 22 /2/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
county MOTITOTTI ET U	20 1
	State MC County COLL 77 TG
City or town	City or town 1504d, RFD.
How long in above place of death? 65478	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary Catherine Opring	1/077 8
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	2D. DATE DF DEATH. MAY 29 18.47 21.41.15 P. M
, , ,	
B.(b) Name of husband or wife A.O. 777 PS E. SPY 1779	21. I CERTIFY that death occupied on the date above stated; that I attended deceased from 19.46, to May 19.49.
6.(c) If alive, give ageyears	TI
7. Birth date of	and that I last saw h. E.R. alive on May
deceased (mo., day, yr.) SE DI A - 10 /	Immediate cause of death. Wattet mellulang DURATION
8. AGE: Years Months Days If less than one day	distric gargiere left fortandly. 3 weeks
74 & 7hrsmin.	
1 1 10	and at in a time of its and its
9. Birthplace Du Olu Olo U 33 Du County, and state)	Due to artirioscluttic carriers ander 10 years.
(Town, county, and state)	disease-
10. Usual occupation 100 use wite	Due to
11. Industry or husiness	
El 12 Name Joseph Edwords	
12. Name oseph Edwords 13. Birthplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name emmis Stonerurner	
14. Maiden name e 77 77 i e Stone vur ner	Major findings of operations
≤ 15. Birthplace	Dato of op.
16. Informant 627/ SPY 1779	Autopsy results
RIANI BED	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Doyd, Mid, Die	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, pr removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or eromatory Dethocls	Where did injury occur?
Location Clarkshurg, Md	Injured at home, farm, Industry, public place (where?)
(N/11:27 7 14:14===	Msens of Injury injured at work?
18. Funeral director.	0 71/ 7010
Address /SOTDESVILLE, MO	23. SIGNATURE James J. Kerr M. H.
may 30 10 47 Mrs. C.C. Hilton	M. D. or other
19. Mary 30 19 47 Mes C. Sulland (Date red of vegistrar) Day Miss to, B. Registrar	Address Vanaselly 1/2 Date signed 2/1/9/



MARYLAND STATE DEPARTMENT OF HEALTH

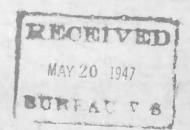
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 223

04214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery	(For newborn infants give residence of mother)
City or fown. Takomal Fark (If outside city or town limits, write RURAL and give nearest town)	Slate D.C. County
How long in above place of death? 20 5.04.Y.S.	City or town Uashing To M (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	111. 27 H9th. 54 12 11
washing ton Sanitarium and Hospital	Streef No. (If rural, give LOCATION)
How long in hospital or institution? 20 hours	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3. (a) FULL NAME	5. (0) Social Security Number
Mand Louise 2 Tratton.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Cauc. married	20. DATE OF DEATH May 19 1947, at 6:259
6.(6) Name of husband or wife George & Stratton	21. I CERTIFY that death occurred on the flate above stated; that I attended deceased from
	May 18 1947, 10 May 19 194
7. Birth date of	and that I last saw here alive on May 18 195
deceased (mo., day, yr.) Sanuary 22 877 8 AGF. Years Months Days If less than one day	Immedia; cause of leath DURATION
N. I A	Meabelle Coma Humay
70 3 27mln.	
9. Birthplace	Ove to Pulmonary Edema June
10. Usual occupation Merchent	Mute Cong. Card . Failure Terming
11. Industry or business Own-(Mrs. Stratton's Shop)	uue 100-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-
E 12 Name Andrew J. Parker	Other conditions aleurosclerosis Pysan
13. Birthplace	(Include pregnancy within 3 months of death)
# 14 Maiden name Savilla Gross	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace	Date of on.
16. Informant Records - Washing ton Son. & Hosp.	Autopay resulta Confirmi Diagnosis
	PHYSICIAN: Please underline the cause to which deads should be charged statistically.
Address Takoma Park md.	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Newson Date thereot Way 19 1949 (Burial, cremation, or removal, Which?)	Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Markey of Comments	Injured at home, farm, industry, public place (where?)
Location // Country Co	
18. Funeral director The S. A. Hunla Co.	Means of Injury Injured at work?
Address 2901 14th, At Ma UD (1	Robert astare luh.
24 19 47 Strant 8 1811	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Addres akoma Tark, Ma Date signed 3/19/4



VS A15

MARVIAN	D STATE	DEPARTMENT	OF H	FAIT

2411 N. Charles St., Baftimore

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CERTIFICATE OF DEATH

(14215) Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mont gomery	State Maryland county Montgomery
City or town. Takofna Park. Md. (If outside city or town limits, write RURAL and give nesrest town)	Silver Socies
How long in above place of death? 21 days	City or town (If outside city or yown limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	street No. 638 Kitchie Ave
Washington Sanitarium and Hospital	(If rural, give LOCATION)
How long In hospital or Institution? 21 ay 5	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Shirley Hamilton Sudduth	215-18-8455
4. Sex 5. Color of face 5.(a) Single, married, widowed, of disorded	MEDICAL CERTIFICATION
Male White widowed	20. DATE OF DEATH 4 May 1947 at 12:05P.
B.(6) Name of husband or wife Marjorie Leigh Hall	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	12 April 1947 10 4 May 1947
7. Birth date of	and that I last saw h. I.M. alive on 3 May 1947
deceased (mo., day, yr.) DEPTEMDERL, 1006	Immediais capes of death Marining menunia DURATION
8. AGE: Years Months Days It less than one day	and branchieletasis 1 4 weeks
60 8 2nrsmin.	Diffuse granulamatases lung,
9. Birthplace Warrenton, Virginia (Warren Co).	Que to.
10. Usual occupation Tennis Pro (retired)	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name John Sudduth 13. Birthplace The Plains, Virginia	Dither conditions
13. Birthplace The Plains, Virginia	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Wines 15. Birthplace Warren ton, Virginia.	
S 15 Birthplace Valarren for Virginia	Major findings of operations.
M. M. Howard	Autopsy results of about Date of op.
16. Informant Mrs Marquerite Hamilton Howard	PHYS1C1AN: Please underline the cause to which death should be charged statistically.
Address 9937 Moss Ave, Silver Spring, Ma	22. VIOLENCE: If death was due to external causes, Illi In the following;
17. Pourseal Date thereof Range 61947	Accident, sulcide, or homicide
(Burial, cremation, or remyal, Which)	
Cemetery or prematory	(City or town) (County) (State)
Location Ockwelle They are	injured at home, farm, industry, public place (where?)
18. Funeral director. W. M. 1921	Means of injury Igiured at work?
12 HH 11 11 11 11 11 11 11 11 11 11 11 11	Daning H. allen A. D.
Address	23. SIGNATURE / CALLLES ST. CELLEL ST.
195/5 1949 / FILMIN NOW	Address 8004 Newelller J. S., Med. Date signed 4 Mary 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04216

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or Jan Germanion med - Privil	State 711d - County Misself
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town generally
How long in above place ot death?	(11 outside city or town limits, write RURAL and give nearest town)
	Sireet No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hanford Clark Suy	fin
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while recommend -	20, DATE OF DEATH May 27. 1947 at 8 PM
6,(b) Name of husband or wife Trophy & Sutphin.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
116	Jesse 1946 to May 27. 19/947
7. Birth date of deceased (mo., day, yr.)	and that I last saw h AM alive on May 2 6 19 47
8. AGE: Years Months Days It less than one day	Immediate cause of death. College OURATION OURATION
1889 67 9 17hrsmin.	J. St. M. Ortonomics
9. Birthplace Dugopen Va -	Due to aletra Solerasis y coursey 1 42
(Town, county, and state)	arlenes
10. Usual occupation	Due to Ten asleral Solerou
11. Industry or business	
12. Name Jacks Sulphus 1 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Eussila J. Mabury -	Major findings of operations.
2 15. Birthptace Va	Oate of op.
16. Informant Trofoldy & Selphin	Antopsy results.
Address Generalton und	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Berial Date thereot 6729/47	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory	Where dld injury occur? (City or town) (County) (State)
Location Tarthervery my	Injured at home, farm, Industry, public place (where?)
18. Funeral director of must be factories	Means of Injury Injured at work?
Address Laithursburg recel	Albert & Merces solle M
ma, 29 47 Cl. 140 0	23. SIGNATURE M.D. or other
19. (Date rec'd by fegistrar) Registrar	Address as wearnely My Bate stoned 5/29 1/47

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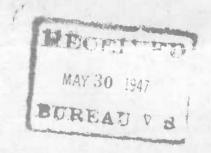
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County TYTON TOOVNEY 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State 6000 Mi. Haven Burthinge AVE., M.E
How long in above place of death? SLYCE 5-21-47	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. Edd-evy TStay HOWAL and give nearest town) (If ourside city of town limits, write RUKAL and give nearest town) (If ourside city of town limits, write RUKAL and give nearest town)
Suburbin Hosp-8600 Old George town	
How long In hospital or institution? Since 5-21-47 Bel-head M	Δ2.(α) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Eilnice Thomas	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F Widow	20. DATE OF DEATH 17 AU 27 19 47 at 3 P. M
1/21/20/11/11/2004	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband country Walley Ly Crity In Chronical	Dec / 1946 to May 27 194)
7. Birth date of	and that I last saw h. Sax attre on 26 was 147
deceased (mo., day, yr.) Sept. 12, 1883-	6000 -110
8. AGE: Years Months Days tt less than one day	Immediate cause of delth Constitution of the state of
63 8 15hrsmtn.	Cardile selace 2, 2, 10
	Q. asteriand arteriolar
9. Sirthplace Hoviville Scholivia (Town, county, and state)	releases in decease of 3+400
10. Usuat occupation. HOUSeWife	Pares 210 days
	00000
11. Industry or business	I contide of from the letter
I 12 Hame Robert Ross	popular of hypochione 2+ 400
\$ 13. Birthplace yor Kville S. Carolina	(Include pregnancy within 3 months of death)
14. Maiden name Tennie Cook	Major findings of operations.
2 15. Birthplace Shavon S. Carolina	Date of an A
14. Maiden name. Tennie Cook 15. Birthplace Shavon, S. Carolina 16. Informant.	Antopy results & alone (ardiac/yestell)
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Clo Ol 115	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot. O. d. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Accident, suicide, or homicide
and introductional	Where did tajury occur?
Cemetery or crematory and	
Location William Ja	Injured at home, farm, Industry public place (where?)
18. Funerat director Ohe D. H. Hines Co-	Means of injury Anjured at work?
Address 2901 14th, St. n. w.	23. SIGNA WILL STREET
19 5/28 19 ×7 2m & John	5522 wadery all 38 than
(Date rec'd by registrar) Registrar	Address Date signed



BINDING

FOR

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04218

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:				
County Mor	tgomery		(For newborn infants give residence of mother)				
City or town	Bethesda	(rural) its, write RURAL and give nearest town)	State County				
(If	outside city or town limi	its, write RURAL and give nearest town) ionth, 25 days	City or town (If outside city or town limits, write RURAL and give n				
How long in above place	e ot death? r street address where de	oth occurred.	(If outside city or town limits, write RURAL and give n	earest town)			
			Street No. 2203 K Street, N. W. ((frural, give LOCATION)				
DO WAYTOUR	102.01.03.01.30.	thesda, Md.	2.(a) If veteran, name war. WW TI	1			
		month, 25 days					
3. (a) FULL NAM			3. (b) Social Securit	y Number			
1	William Davi						
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male	W-US	married	20. DATE OF DEATH	2:45A			
6 (b) Name of husband	or wife Hil	da Thompson	21. I CERTIFY that death occurred on the date above stated; that I attended de				
			11 March 19 47 to 6 May				
7. Birth date of		6.(c) the alive, give age	and that I last saw h imalive on 6 May	1947.			
deceased (mo., day,	71.7	y 1913	Immediate causo death	DURATION			
8. AGE: Year	s Months	Days If less than one day	Immediate causal death free free free free free free free fre	6 wes			
	33 9	9mln.		***************************************			
			Due to Aspiration				
9. Birthplace	(Town, ec	ounty, and state)					
10. Usual occupation.	Veteran		Bullow Paralinis	7 wka.			
11. Industry or busines			DUE TO.				
		son	Piles and distance	****			
12. Name	As*	(M. N. E.L.	Dither conditions				
13. Birthplace		1	(Include pregnancy within 3 months of death)				
置 14. Maiden name	Edmonds,	Anna, dec.	Major findings of operations				
14. Maiden name	Va.		Date of op.				
		la Thompson					
			Autopsy Temila Bronchopneumonia, secondar PHYSICIAM: Please absertise the Pane to White death though the Chilary	GRietically.			
		Near Wiltshire, England	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;				
17 buria	n, or removal. Which?)	Date thereof 5-11-17 (month) (day) (year)	Accident, suicide, or homicide				
(Burial, cremation	n, or removal. Which?)						
		National Cemetery	Where did injury occur?(City or town) (County)				
Location Ar	Lington, Va.		Injured at home, farm, industry, public place (where?)				
		bers, Co. W.C	Means of Injury Under at work?				
18. Funeral director	M St. MH	Washington D.C	Wide H. Bonos				
Address	THE DOOP THING	Washington, D.C.	23. SIGNATURE W. H. BOSWELL, Lt. (MC)	USN			
May 9	1947	Mary Charlotte Smith	M, I	or other			
79.		Registrer	USNH Bethesda, Md.	, 5-9-41			

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ba

CERTIFICATE OF DEATH

f	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MONTGOMERY	Manual And Manual Andrew
City or lowe. SETUESD A (If ontside city or town limits, write RURAL and give nearest town)	
How long in above place of death? DRVS	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street NO. 11117 MEDVALE RO
SUBURBAN HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
REV. TATHER TRANCIS	UNDERWOOD
4. Sex 5. Color or pace 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20, DATE OF DEATH 5-16 18-47 at 925 A. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	11-46 19.47., to 18.
7. Birth date of Second (me day yr)	and that I last samp. 1 2 alive on 5-16-47 19
deceased (mo., day, yri)	Impediate cause of death DURATION
8. AGE: Years Months Days If less than one day	to Somerular reporter 12 years
	muth Terminal themia. 10 Days
9. Birthplace NEW TON GROVE N. C. (Town, county, and state)	Due to
('DTUALLE PRIEST	Alexalist (extended) represent
70. Voue: Veceper visit	The result areas secures
11. Industry or business	2) The Thursand 34 hars
12. Name THOMAS UNDERWOOD 13. Birthplace NEWTON GROVE, N.C.	Uther conditions.
	(Include pregnancy within 8 months of death)
	Major findings of operations
	Date of op.
16. Informant HOSPITAL KECORDS	Autopey results
Address SUBURBAN HOSPITAL, BETHESDA, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durial Bale thereof May 19, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemelery or crematory of John's Cementary	Where did lojury occur?
Location Javest Alen many land	Injured at home, farm, Industry, public place (where?)
J. Pareli	Means of Injury Injured at work?
18. Funeral director	1 1. M.D.
Address 3821- 144. A. H. W. Work. Rec-	23. SIGNATURE Lengelle Baughlin A.
19. Date ree'd by registrar) (Date ree'd by registrar) Register	Addres \$252 De Clip Leusgrup But 5/12/47.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist. No. 216

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County 1.0 N 20 M = R 4 City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 3404 R 10	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	· · · · · · · · · · · · · · · · · · ·
Finale white Vidowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1 May 19 #7, 21 350 P.
6.(b) Name of husband or wife. Sullaw F. JalTers 6.(c) If alive, give age yeare 7. Birth date of deceased (mo., day, yr.) APRIL 12, 1870	21. I CERTIFY that death occurred on the vale above etated; that I attended deceased from 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
8. AGE: Years Monthy Days If less than one day 77 hrs. min. 9. Birthplace Due wood Montgomery Co. (Town, county, and state)	Immediais cause of dauth Opposition Due to Opposition Due to Opposition Op
11. Industry or business 12. Name A. Chard Levers 13. Birthplace SeoThand. 14. Maiden name Marilla.	Diher landitione (Include pregnancy within 3 months of death)
Address Between Sold State Sold Sold Sold Sold Sold Sold Sold Sold	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery of crematory Location	Injured at home, farm, Industry, public place (where?) Meene of Injury Injured at work? 23. SIGNATURE M. D. or wher Address Address Address Address Address

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age	sh	OWI		on:		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-0

110 MAY 22 1947 FILM No. G

Reg. Dist. No. 34221 CERTIFICATE OF DEATH

1. PLACE OF	DEATH	gomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				••••••••••••••••••••••••••••••	State Maryland county Montgomery			
				URAL and give nearest town)	City or town. Che vy Cha	se		
How long in above Hospital, Instituti	place of de	ath?	yy.e.a.J	rs.	(If outside city or town limit	d Street		
					Sireet No. 4020 1101 aire	e LOCATION)		
					2.(a) If veteran, name war			
3. (a) FULL !						3. (b) Social Security Number		
	MAR	THA GE	ER WE	IGEL	None			
4. Sex	5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
FEMA	TE	WHITE		MARRIED	20. DATE OF DEATH. 5/13/47	7 19 21 11:22 p		
			liom I	Edward	21. I CERTIFY that death occurred on the date abo			
				arms 19	8-25-43 19	10 3/13/47 19		
7. Birth date of				e) If alive, give age	and that I last saw h alive on 3	9-47		
deceased (mo.,		Decemb	per 6,	If less than one day	Immediate cause of death. Asleria	O schoole DURATION		
8. AGE:	Years	muntas	Days		hypetensure to	such disaure from		
64	PP/)						
9. Birthplace	0.	hio (Town,	county, and a	state)	Due to			
10 Heuri necun	alian H	ousewi	fe					
					Due to			
11. Industry or b		hert P	Kell		Other conditions			
12. Name			4 adreder Profe arlungs	y				
			Bode	nburg	(Include pregnancy within 3			
1 6			Dou.e.	WW. W.				
≥ 15. Birthpla		Ohio	7 0	77.2 2 117 1 2		Date of op		
16. informant				Edward Weigel	Autopsy results	which death should be charged statistically.		
Address				St., Ch. Ch. Md	22. VIOLENCE: If death was due to external ca			
17. Crem	nation, or	n removal, Which?	Date ther	eof 5/16/47 (mouth) (day) (year)	Accident, suicide, or homicide			
Cemetery or c	rematory	Cedar	Hill (Semetery	Where did injury occur?(City or town)	(County) (State)		
Location	Mar	vland		***************************************	Injured at home, farm, Industry, public place (v	where?)		
				Pumphrey	Meens of Injury	Injured at work?		
Address	GTUT			sin Ave. Beth-	(DOD	f1 /- mn		
	, ,			esda, Md.	23. SIGNATURE Caul	M. D. or other		
19. (Date rec'd	by registr	ar) 19/		m 6 legistrar	Address Bether du Dr	7 d Date signed 5/14/47		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			4.1	
eg.	Diat.	No.	216	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give regidence of mother)
county Monigomery	State Dist of Col. County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Washington
How long in above place of death? 16 days	(If outside city or to an limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occupied: Suburban Hospital	Street No. 3014 Woodland D.Y. (If rural, give LOCATION)
How long in hospital or institution? 16 d d 4 y 5	2.(a) If veteran, name war.
3.(a) FULL NAME Mr. Lawrence Wesola	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
	20. DATE DE DEATH May 12 19.47 211.40 P
6.(6) Name of hysband or wife Stefanie Wesolowski	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 2 / april 1947.
7. Birth date of A + 1-2 / 2 / 1	and that I last saw h susceptive on 17 mary 15.47 19
decessed (ma., day, pr.) August 10, 1886	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	nephrilis - Chronic'
· Birthales Poland	D. 40
(Town, county, and state)	Oue to
10. Usual occupation Butler	Due to
11. Industry or business	
12. Name John Wesolowski 13. Birthplace Poland	Dither conditions Newworn a offeral
13. Birthplace Poland	(Include pregnancy within 3 months of death)
14. Maiden name IYIAYIA	Major findings of operations Nove.
15. Birthplace Poland	Date of op.
16. Informant	Autopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE if dean was due to external causes, fill in the following:
17 Bural Date thereof May 16, 47	Accident, suicide, or nomicide
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (duy) (year)	Accident, solution
Cemetery or crematory	Where did Injury occur?
Location Dashurgh	Means of injury Industry, public place (where?)
18. Funeral director W. W. Skan Bers Co.	- 0 - 11
Address 1400 Chapen St. N.W. Wash. D.C.	Charles to Halley - W.D.
105/13 1947 Mr. Edobes	1501 - Ene St N. W. 13/100 /14
(Date rec'd by registrar) Registrar	II Address Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDIN

PLEASE

MAY 19 1947

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

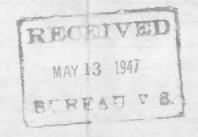
eg. Dist. No. 2/6

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town (If our side city or town limits, write RURAL and give nearest town)	State March Caroline Bounty Montgomery
How long in above place of death?	City or town (12 oyears etty or town) limits, write 19/18/2 and give uparent town)
Hospital, Institution, or street address where death occurred:	Street No. 15 W. Thornapple St.
How long in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME	A 21
William Gar	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
of the state of	20. DATE OF DEATH May 7 19 47 at 7:45 P. M
6.(b) Name of husband or wife Silvesto CO Wiss	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7. Bir	and that I last saw h an alive on many 7 19 47
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carolina Failure 24 hrs.
60 min.	3
9. Birthplace Stownswille This	Due to Porlmony Intrumboria 6 mos.
10. Usual occupation.	
11. Industry or business	Due to
	Other conditions Prairies Palmany Takachia
12. Name Job Gruch West	25: 24:
	(Include pregnancy within 3 months of death)
14. Malden name addel K Hesty Shis	Major findings of operations
la la comparte de la comparte del la comparte de la comparte del la comparte de l	
Address & Aringrase St Chery Chase to	Antopsy results / PHYSICIAN: Please underline the cause to which death should be charged statistically.
The Man of 1000	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial cremation or renoval Which?)	Accident, suicide, or homicide
Cemetery or crematory Cocks breeks benefits	Where did injury occur?
Location Washington D.C.	Injured at home, farm, Industry, public place (where?)
104. 17.97	Means of Injury Injured at work?
18. Funeral director Schale Land Land Land Land Land Land Land Land	
Address 1300 N. Street N. W. Wash. S.	23. SIGNATURE famuel Scine M. S.
19. 5 8 19. 4 7 7 19. 6 Octors (Date rec'd by registrar) Registrar	Address 2808 Order 12. N. War. M.D. or other

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PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	gomery			Z. USUAL RESIDENCE (HOWE) OF DECEASED: (For newborn infants give residence of mother)		
City or town Beth	lesda	mits, write R	URAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town) 1214 25th St. N. W.		
How long in above place Hospital, Institution, or	of death? Sudd	en de	ath:			
Dorset	Ave. rai	lroad	crossing	(If rural, give	LOCATION)	
How tong In hospital or	Institution?	re	***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME		WILL	IAMS		3. (b) Social Security 578-14-477	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	Colored	Wide	owed	20. DATE OF DEATH May 14,	19.47	, 14:30P.M
6.(b) Name of husband	Walte	er Wil	liams	21. I CERTIFY that death occurred on the date about		
				19		
7. Birth date of deceased (mo., day, y	D /			and that I last saw halive on	l. Exam. Cas	DURATION
8. AGE: Years	Months	Days	It less than one day			
46	4	19	hrsmin.	Fracture of Skull.		Died
9. BirthplaceBr	llown.	county, and a	ork state)	Due to. (accidental)		suddenly
1D. Usual occupation	Parlor	Maid	***************************************	Due to		***************************************
11. Industry or busines	\$	T 1				
	. Henry			Other conditions		440004400000000000000000000000000000000
13. Birthplace	Jacksonv:	ille,	Florida	(Include pregnancy within 3 n	nonths of death)	
当 14, Malden name.	Mary Mc	Cov		Major findings of operations		
15. Birthplace	Lynchbur	g, Va.	•			
14, Malden name. 15. Birthplace	other			Antoney results		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	e above			PHYSICIAN: Please underline the cause to wh		atatistically.
17. Remov (Burial, cremation	al , or removal. Which? Washing	Date ther gton,	eot 1/8 y 14, 1947 (month) (day) (year)	Where did injury occur? (City or town) Injured at home, farm, industry, public place (w	nt Date of 2 Montgomery (County) here?) Public r	(State) Oad
Address 123	8 20th S	t. N.		Trans of Injury all 110 8d Cross Trans J. Brown 23. SIGNATURE	Schart M.	or other
19			m E Johns Registrar	Address Gaithersburg, 1	Ad. Date signed	5/14/47



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age	and l	pirth	ndate	sh	own
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg	Dist	No. 216

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	E OF DEATH Reg. Dist. No. 216
1. PLACE OF DEATH: 1 0 JUN 20 1947 County 17 10 10 10 10 10 10 10 10 10 10 10 10 10	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Bethere ada, THAY HAND	state Mary and county Montgo mery
How long in above place of death? Sixi Ce 5-7-47 Hospital, Institution, or street address where death occurred:	City or town. Bethesda Mary Land (If outside city or town limits, write RUIAL and give nearest town)
Suburban Hosp-8600 Old Georgetown Rd	Street No. 53 MADIC Ridge Road
How long In hospital or Institution? Since 5-7-47 Bethesda Md	2.(a) If veteran, name war. — Wald Was. I
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widewed, so divorced	S CONTROL OF THE CONT
4, Sex 3, Color of Face b. Color of Face	MEDICAL CERTIFICATION
M	20. DATE OF DEATH 5-28 1947 at 5-A. M
6.(b) Name of husband or wife AVN elia William 57. years 7. Birth date of 23. 6.(c) If alive, give age 57. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ————————————————————————————————————
7. Birth date of deceased (mo., day, yr.) Vays. A6, 1887	and that I last saw h.a. Os
8. AGE: Years Months Days If less than one day	Immediate cause of death Oughtion County out of the out
154 60 4 8/5hrsmin.	
9. BirthplaceL. Ashington D.C. (Town, county, and state)	Due to Corney . Delevoso à stenose 3 puns
10. Usual occupation Realtor	Due to Generalized arterio schools - 10 pr.
11. Industry or business	Other conditions - Chole Seth with . 20 m.
12. Name Coward YN. WILLS 13. Birthplace Pattle Creek, Mich.	Other conditions
	(Include pregnancy within 8 months of death)
01.11.1.1.	Major findings of operations.
	Date of op.
16. Informant Chief (a LOV) (LIS (WITE)	Autopsy results
Address 5/31/47	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rock Creek Cemetery	Where did Injury occur?
Location Washington, D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director V. M. Kaulen Lumbhay	Meens of Injury Injured at work?
Address Bethesda, Maryland	Ohn & Bell M. D.
19. 5/29 19. 47 Am & John & John & John & John & John & John & Marian	23. SIGNATURE M. D. or other Address 79.36 Say Ton R Balanda Date signed 2.8 may 4.7

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	State District of Columbia		
City or town TAKOMA () PARK (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 74 hours 1 15 min.	City or town WASH/NGTON D.C. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 3/2 Buchanan St. N.w.		
WASHINGTON SANITARIUM + HOSPITAL	(If rural, give LOCATION)		
How long in hospital or institution? 74 trans + 15 min.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
WINTERS, Baby Boy			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m WHITE -	20. DATE OF DEATH May 6 1947 at 3 Pm.		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from		
5 mm	May 3 19.47 to May 6 19.47		
7. Birth date of	and that flast saw h. 1.72 alive on Mary 6 19 47		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		
0 0 3nrsmin.	Respiratory Tailare		
9. Birthpiace TAKOMA PARK, MARYLAND (Town, county, and state)	Due to PREMATURITY		
1D. Usual occupation	Buoto		
11. Industry or business	000 (0		
12. Name MR. HERBERT HARRIS WINTERS 13. Birthplace DURHAM N.C.	Dther conditions		
13. Birthplace DURHAM, H.C.	(Include pregnancy within 3 months of death)		
14. Maiden name LORAINNE ADELINE DARNEL	Major findings ol operations.		
15. Birthplace LEDVARD, IOWA	Date of op.		
16. Interment WASHINGTON SANITARIUMO HOSPITAL	Autopsy results		
Address TAKOMA PARK, MARYLAND	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Sureal Date thereof May 7 (947 (Burial, cremation, or repowal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Acd. Washington Memorial Cemiling	Where did Injury occur?		
Location Hystleville, Maryland	injured at home, farm, industry, public place (where?)		
18. Funeral director & arthur Walters	Means of Injury Injured at work?		
Address 254 Cauvel St Tay Mark 12 D. M.	23. SIGNATURE Dean H. Harding M.S.		
(Date ree'd by registrar) (Date ree'd by registrar)	Address 1/3 Cassel St M Date signed 5-6-47		

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2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 216

. PLACE OF DEATH:	2
ounty Montgomery	
lty or town Bethesda (rural)	S
(If outside city or town limits, write KUKAL and give nearest town)	C
ow long in above place of death? 3 days	
ospital, institution, or street address where death occurred:	
US Naval Hospital, Bethesda, Md.	S
ow long in hospital or institution?	2
B. (a) FULL NAME	
LUITULL MANL	

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Washington (If outside city or town limits, write RURAL and give nearest town) 704 Alabama Avenue, S.E. (If rural, give LOCATION)
WW 1

(a) it veteran, name well

3. (b) Social Security Number

WRIGHT. Richard Owen 4. Sex 6.(a) Single, married, widowed, or divorced W-US married male 6.(b) Name of husband or wife Harriet Wright 7. Sirth date of January 10, 1873 deceased (mo., day, yr.) 8. AGE: 9. Birthplace.......Washington D.C. (Town, county, and state) 10. Usual occupation Retired Navy 11. Industry or business unemployed 12 Name WRIGHT, Richard dec Washington D.C. 14. Maiden name PALIVER, Mary dec. 15. Birthplace Washington, D.C. 16. Informant Wife: Mrs. Harriet Wright Address 704 Alabama Avenue, S.E. Wash. D.C. (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Arlington Va. 18. Funeral director. LEE FUNERAL HOME. Curk Address 4th & Mass. Ave. N.E. Wash. D.C.

20. DATE OF DEATH 13 MELY 19 47 21 12:52 Pm 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 10 May 1947 10 13 May 1947 Immediate cause of death Hemorrhage Cerebellum, OURATION 12 to (anterior, inferior cerebellor artery) 3 days Que to Arteriosclerosis Goneral ? 20 years Other conditions & chronie glomerulo nephritis Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically.

. B. BRYAN! Lt. (ig) (MC) USN

MEDICAL CERTIFICATION

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C. Supply please wri

5-13 (Date rec'd by registrar)

Address USNH Bethesda, Md.

Where did injury occur?(City or town)

22. VIOLENCE: If death was due to external causes. till in the tollowing

Injured at home, farm, industry, public place (where?)



information carefully.

BINDING FOR MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

V	Reg. Dist. No	
USUAL RESIDENCE (HOM) (For newborn infants give residen		

County MONTGOMERY	(For newborn manes give resistance of mountry
Gity or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	State Pa. County County
How long in above place of death? 3 months, 22 days. Hospital, institution, or street address where death occurred:	City or town South Fork (If outside city or town limits, write RUR.
IIC Massal Hamital Data at 362	Street No. P.O. Box 406, (If rural, give LOCATION)
How long in hospital or instilution?3months, 22days	(If rural, give LOCATION) 2.(a) It veteran, name war

3. (a)	FULL	NAME

9. Birthplace Pa.

1. PLACE OF DEATH:

(n) YUROCHKO Thomas

Montgomery

4. Sex	5.	Color or race	0.(a)3ingi	e, marries, wisowes, or divorces
male		W-US		single
6,(b) Name of	husband or v	/lte		c) If alive, give ageyears
7. Birth date o deceased (n		July	8, 192	
8. AGE:	Years 23	Months 9	Days 24	tt less than one day

1D. Usual occupation..... Veteran 11. Industry or business (not employed)

12. Name Stephen Yurochko dec

14. Malden na 15. Birthplace 16. Informant mother: Mrs. Margaret Yurochko Address P.O Box. 406. South Fork. Penn.

Date thereof

14. Malden name Margaret Colbaugh

Cemetery or crematory..... South Fork, Penn.

(Burial, cremation, or removal, Which?)

18. Funeral director W. W. CHAMBERS CO. Address 1400 Chapin St., NW, Washington,

	convered on the data above of	The state of the s	
2D. DATE OF DEATH	2 May	19. 4.7.	
		No.	
	MEDICAL CER	ITTICATION	

3. (b) Social Security Number

10 January 19 47 to 2 May 19 47

Means of Injury

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, the in the following:

Where did Injury occur?(City or town) injured at home, farm, industry, public place (where?) ..

W. B. FORD, Lt. (MC) USN

M. D. or other AddresJISNH Bethesda, Md. Date signed 5-3-47

